| Case 16-00205 Doc 1 Fill in this information to identify your case: | Filed 01/05/16  | Entered 01/05/16 18:38:39<br>age 1 of 61 | Desc Main                          |
|---|---|--|------------------------------------|
| United States Bankruptcy Court for the:                             |   |  |                                    |
| Northern District of: Illinois (State)                              |   |  |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |  | Check if this is an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |  |  |  |  |
|---|----------------------------|---|--|--|--|--|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |  |
| Your full name  Write the name that is on                                 | Dorris<br>First name       | First name                                    |  |  |  |  |
| your government-issued picture identification (for example, your driver's | Middle name Steele         | Middle name                                   |  |  |  |  |
| license or passport   | Last name                  | Last name                                     |  |  |  |  |
| Bring your picture identification to your meeting with the trustee.       | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |  |  |  |  |
| 2. All other names you  |                            |   |  |  |  |  |
| have used in the last   | First name                 | First name                                    |  |  |  |  |
| 8 years   | RAN della conserva         | ACAU,   |  |  |  |  |
| Include your married or   | Middle name                | Middle name                                   |  |  |  |  |
| maiden names.   | Last name                  | Last name                                     |  |  |  |  |
|   | First name                 | First name                                    |  |  |  |  |
|   | Middle name                | Middle name                                   |  |  |  |  |
|   | Last name                  | Last name                                     |  |  |  |  |
| 3. Only the last 4 digits of your Social                                  | XXX - XX- 1442             | xxx - xx                                      |  |  |  |  |
| Security number or  | OR                         | OR  |  |  |  |  |
| federal Individual<br>Taxpayer<br>Identification<br>number (ITIN)         | 9 xx - xx-                 | 9 xx - xx-                                    |  |  |  |  |

| Debtor 1 Dorris Case 16-                                     | 00205  | Filed 01 <b>%</b> 5416<br>Document                        | Entered 0<br>Page 2 of | 1405/16/18:      | <b>3</b> 8: <u>39 Desc</u>                           | Main  |
|--|--|---|------------------------|------------------|--|---|
|  | About Debtor 1:  | Document  | Paye 2 01              |                  | r 2 (Spouse Only                                     | in a Joint Case):                                 |
| 4. Any business names and Employer                           | ✓ I have not used any b  | usiness names or EINs.                                    |                        | I have not u     | sed any business name                                | es or EINs.                                       |
| Identification<br>Numbers (EIN) you<br>have used in the last | Business name  |   |                        | Business nam     | ne   |   |
| 8 years Include trade names and                              | Business name  |   |                        | Business nam     | ne   |   |
| doing business as names                                      |  |   |                        |                  |  |   |
| 5. Where you live  | 1744 W   | / 81st St.  |                        | If Debtor 2 live | es at a different addre                              | ss:   |
|  | Number Street  |   |                        | Number           | Street   |   |
|  |  | Illinois 6062   |                        |                  |  |   |
|  | •  | State Zip (   | Code                   | City             | State  | Zip Code  |
|  | Cook<br>County   |   |                        | County           |  |   |
|  | If your mailing address is different from the one above, fil it in here. Note that the court will send any notices to you at this mailing address. |   |                        |                  | illing address is differ<br>ne court will send any n | ent from yours, fill it in otices to this mailing |
|  | Number Street  |   |                        | Number           | Street   |   |
|  | City   | State Zip (   | Code                   | City             | State  | Zip Code  |
| 6. Why you are   |  |   |                        |                  | Olato  | Zip Codo  |
| choosing this  | Check one:   | a bafara filipa thia patition                             | a I boughted           | Check one:       | at 100 daya bafara filing                            | this potition. I have lived                       |
| district to file for<br>bankruptcy                           |  | s before filing this petition than in any other district. |                        |                  | ct longer than in any ot                             | this petition, I have lived her district.         |
|  | I have another reason  | n. Explain. (See 28 U.S.C                                 | . §§ 1408.)            | I have anoth     | ner reason. Explain. (Se                             | e 28 U.S.C. §§ 1408.)                             |
|  | -  |   |                        |                  |  |   |
|  |  |   |                        |                  |  |   |
|  |  |   |                        |                  |  |   |
|  |  |   |                        |                  |  |   |
|  |  |   |                        |                  |  |   |

Page 3 of 61 Document of the Document of th Tell the Court About Your Bankruptcy Case Part 2: 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to Chapter 7 fileunder Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for ✓ No. bankruptcy within the last 8 years? Yes. District When MM / DD / YYYY When Case number MM / DD / YY District \_\_\_\_\_ When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes. District Relationship to you spouse who is not When Case number, if known filing this case with you, or by a District Relationship to you business partner, or When Case number, if known by an affiliate? MM / DD / YYYY 11. Do you rent your ✓ No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Dorris Case 16-00205

Debtor 1

Doc 1

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Page 4 of 61 Document<sup>®</sup> Report About Any Businesses You Own as a Sole Proprietor Part 3: 12. Are you a sole  $\square$ No. Go to Part 4. proprietor of any full- or part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. City Zip Code If you have more than State one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? ◪ No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? City State Zip Code

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Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5:

## 15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|---|---|
| You must check one:   | You must check one:   |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  |
| ☐ I received a briefing from an approved credit<br>counseling agency within the 180 days before I filed this<br>bankruptcy petition, but I do not have a certificate of<br>completion.  | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.                                   | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.                                   |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.        | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.        |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.   | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.   |
| If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. | If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. |
| Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.  | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.  |
| I am not required to receive a briefing about credit  | I am not required to receive a briefing about credit  |

counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the

internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be

unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Debtor 1 Dorris Case 16-   | 00205 Doc 1 Filed 01\$<br>Middle Name Docum  |  | h16 /1k8i38: <u>39</u>                                       | Desc Main  |  |
|--|--|--|--|--|--|
| Part 6: Answer These Qu  | lestions for Reporting Purposes  | s  |  |  |  |
| 16. What kind of debts<br>do you have?   | No. Go to line 16b. ✓ Yes. Go to line 17. 16.b Are your debts primarily                    | ual primarily for a personal, fa<br>business debts? Business<br>ss or investment or through t  | amily, or household  debts are debts thathe operation of the | purpose."  at you incurred to business or  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  | paid that funds will be available  No.  Yes.   | 7. Go to line 18. o you estimate that after any exempt le to distribute to unsecured creditors |  | l administrative expenses are  |  |
| 18. How many creditors do you estimate that you owe?   | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | <u> </u>   | ,001-50,000<br>,001-100,000<br>ore than 100,000  |  |
| 19. How much do you estimate your assets to be worth?  | ✓ \$0-\$50,000  ☐ \$50,001-\$100,000  ☐ \$100,001-\$500,000  ☐ \$500,001-\$1 million       | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 m \$100,000,001-\$500 r  | lion   | 00,000,001-\$1 billion<br>,000,000,001-\$10 billion<br>0,000,000,001-\$50 billion<br>ore than \$50 billion |  |
| 20. How much do you estimate your liabilities to be?   | ✓ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 m \$100,000,001-\$500 r  | lion   | 00,000,001-\$1 billion<br>,000,000,001-\$10 billion<br>0,000,000,001-\$50 billion<br>ore than \$50 billion |  |
| Part 7: Sign Below   |  |  |  |  |  |
| I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12 or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in |  |  |  |  |  |
|  | or both. 18 U.S.C. §§ 152, 1341  |  | \$250,000, or imprise  | onment for up to 20 years,   |  |
|  | /s/ Dorris Steele Signature of Debtor 1  |  | Signature of Debtor 2  |  |  |
|  | Executed on1/6/2016  |  | Executed on  |  |  |
|  | MM / DD /  | YYYYY  |  | MM / DD / YYYY   |  |

Debtor 1 Dorris Case 16-00205 Doc 1 Filed 01\$05\(\delta\) Entered 04\(\delta\) 5\(\delta\) 6\(\delta\) 38:39 Desc Main

| Document |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

X

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect

| rrect.  |        |      |                           |          |
|---|--------|------|---------------------------|----------|
| _/s/ Daniel Giannola Signature of Attorney for Debtor |        | Date | 1/6/2016<br>MM / DD / YYY | <u>Y</u> |
| Daniel Giannola Printed name                          |        |      |                           |          |
| Semrad Law Firm<br>Firm name                          |        |      |                           |          |
| Number  | Street |      |                           |          |
| City  | Sta    | ate  | 2                         | Zip Code |
| Contact phone   |        |      | Email address             |          |
| Bar number  |        |      | State                     |          |

<u> Case 16-00205 Doc 1 Filed 01/05/16 Entered 01/0</u>5/16 18:38:39 Desc Main Fill in this information to identify your case: Debtor 1 Dorris Steele First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$11,947.00 1b. Copy line 62, Total personal property, from Schedule A/B ...... \$11,947.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$13,926.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$5,500.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$2.040.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$21,466.00 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$1,585.00 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$1,109.78

Dorris Case 16-00205 Doc 1 Filed 01\$@5\dd Entered @1405/16/168:38:39 Desc Main Debtor 1 Page 9 of 61 Answer These Questions for Administrative and Statistical Records Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$1,585.00 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: \$0.00 9a. Domestic support obligations (Copy line 6a.) \$5,500.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) 9g. Total. Add lines 9a through 9f.

\$5,500.00

| Fill in this                                    | information to identify your case  |  | EIIEU UT/US/TO  | - Filleren 01705/10   | 16.36.39 Desc   | J Mail I                              |
|---|--|--|---|---|---|---------------------------------------|
| Debtor 1  | Dorris   |  | Stee  | ele   |   |                                       |
| <b>5</b> 1 0                                    | First Name   | Middle N   | Name Last   | Name  |   |                                       |
| Debtor 2 (Spouse,                               | if filing) First Name  | Middle N   | Name Last   | Name  |   |                                       |
| United St                                       | ates Bankruptcy Court for the:   | Northern   | District of   | Illinois<br>(State)   |   |                                       |
| Case nun<br>(If known)                          |  |  |   |   |   |                                       |
| Officia   | al Form 106A/B   |  |   |   |   | Check if this is an amended filing    |
| Sche  | dule A/B: Prope  | erty   |   |   |   | 12/1                                  |
| category v<br>esponsib<br>vrite your<br>Part 1: | where you think it fits best. Be<br>ble for supplying correct infor<br>name and case number (if kn | e as complete and<br>mation. If more sp<br>own). Answer eve<br>ce, Building, L | accurate as possible,<br>pace is needed, attach<br>ry question.<br>and, or Other Re | an asset fits in more than one If two married people are filir a separate sheet to this form al Estate You Own or Ha ng, land, or similar property? | ng together, both are equ<br>n. On the top of any addi  | ually                                 |
| <u></u>   | No. Go to Part 2   |  |   |   |   |                                       |
| 1.1   | Yes. Where is the property?  Street address, if available, or                                      | other description  | What is the propert Single-family hom Duplex or multi-ui                            |   | Do not deduct secured of<br>the amount of any secure<br>Creditors Who Have Cla  |                                       |
|   |  |  | Condominium or o  |   | Current value of the entire property?   | Current value of the portion you own? |
|   | Number Street  City State  | Zip Code   | Land Investment proper Timeshare Other  | ty  | Describe the nature of interest (such as fee si the entireties, or a life   | mple, tenancy by                      |
|   |  |  | Debtor 1 only Debtor 2 only Debtor 1 and Deb At least one of the                    | e debtors and another  ou wish to add about this iten   | Check if this is col     (see instructions)  n, such as local   | mmunity property                      |
| If you  | own or have more than one, list h  | nere:  | Milest is the propert   | y? Check all that apply.  | Do not dodinat accurad of   | laima ar averantiana Dut              |
| 1.2   | Street address, if available, or   | other description  | Single-family hom   | ne  | Do not deduct secured of<br>the amount of any secure<br>Creditors Who Have Cla  | •                                     |
|   |  |  | Condominium or o  |   | Current value of the entire property?   | Current value of the portion you own? |
|   | Number Street  City State Zip Code   |  | Land Investment property Timeshare Other  |   | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. |                                       |
|   |  |  | Debtor 1 only Debtor 2 only Debtor 1 and Deb At least one of the                    | e debtors and another  ou wish to add about this iten   | Check if this is con (see instructions)   | mmunity property                      |

| Debtor 1   | Dorris Case 16-002  | 05 Doc 1   | Filed 01:05/16 Entered 01:05/16   | @18:39 Des  | c Main   |  |
|--|---|--|---|---|--|--|
| 1.3 Street address, if available, or other description         |   |  | Documes Name Page 11 of 61  What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:  Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own? |  |  |
| Num<br>City  | nber Street State   | Zip Code   | Investment property Timeshare Other   | Describe the nature of interest (such as fee sin the entireties, or a life of   | mple, tenancy by   |  |
|  |   | v<br>[<br>[<br>[                                     | Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  | Check if this is cor (see instructions)   | mmunity property   |  |
| you har<br>Part 2:<br>Do you ov<br>you own that<br>3. Cars, va | Describe Your Vehicle vn, lease, or have legal or e at someone else drives. If you ns, trucks, tractors, sport utilit | s quitable interest in lease a vehicle, also         | any vehicles, whether they are registered or not? In report it on Schedule G: Executory Contracts and Unexpees  | clude any vehicles  |  |  |
| ☐ No ✓ Yes   |   |  |   |   |  |  |
|  | Make Model: Year: Approximate mileage: Other information: 2014 Nissan Versa Note - 23                                 | Nissan<br>Versa Note<br>2014<br>23794<br>3,794 miles | Who has an interest in the property? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another                                | the amount of any secure  | daims or exemptions. Put ad claims on Schedule D: hims Secured by Property.  Current value of the portion you own?  \$10322.00 |  |
|  |   |  | Check if this is community property (see  |   |  |  |
| 3.2  | Make<br>Model:<br>Year:<br>Approximate mileage:   |  | instructions)  Who has an interest in the property? Check one.  Debtor 1 only   |   | ed claims on Schedule D:<br>nims Secured by Property.  |  |
|  | Other information:  |  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)   | Current value of the entire property?   | Current value of the portion you own?  |  |

| Debtor 1 | Dorris Case 16-00205 First Name          | Doc 1 Filed 01/05/16 Entered 01/05/16   | 48:38: <u>39 Des</u>   | <u>c Main</u>   |
|----------|--|---|--|---|
| 3.3      | Make Model: Year:                        | Documethim Page 12 of 61  Who has an interest in the property? Check  one.  Debtor 1 only       | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.       |   |
|          | Approximate mileage:  Other information: | Debtor 1 and Debtor 2 only  |  | Current value of the portion you own?                                       |
|          |  | At least one of the debtors and another  Check if this is community property (see instructions) |  |   |
| 3.4      | Make Model:                              | Who has an interest in the property? Check one.   | the amount of any secure   | laims or exemptions. Put ed claims on Schedule D: nims Secured by Property. |
|          | Year: Approximate mileage:               | Debtor 1 only   | Creditors Who have Cia   | ilins Secured by Property.  |
|          | Approximate mileage.                     | Debtor 2 only   | Current value of the   | Current value of the portion you own?                                       |
|          | Other information:                       | Debtor 1 and Debtor 2 only  | entire property?   |   |
|          |  | At least one of the debtors and another   |  |   |
|          |  | Check if this is community property (see instructions)  |  |   |
| 4.1      | Make Model: Year:                        | Who has an interest in the property? Check one.   | Do not deduct secured claims or exemptions. Put<br>the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property. |   |
|          | Approximate mileage:                     |   | Orealions who have on  | iins occured by 1 roperty.  |
|          | Other information:                       | Debtor 2 only  Debtor 1 and Debtor 2 only   | Current value of the entire property?  | Current value of the portion you own?                                       |
|          |  | At least one of the debtors and another  Check if this is community property (see instructions) | <del></del> -  |   |
| 4.2      | Make                                     | Who has an interest in the property? Check one.   | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D</i> :  |   |
|          | Year: Approximate mileage:               | Debtor 1 only  Debtor 2 only  | Current value of the   | ims Secured by Property.  Current value of the                              |
|          | Other information:                       | Debtor 1 and Debtor 2 only  At least one of the debtors and another                             | entire property?   | portion you own?  |
|          |  | Check if this is community property (see instructions)  |  |   |
| 5. Add   | the dollar value of the portion yo       | ou own for all of your entries from Part 2, including any entries fo                            | or pages   | 0322.00   |

Debtor 1 Dorris Case 16-00205 Doc 1 Filed 01:05/16 Entered 01:05/16 (1.8:38:39 Desc Main

Page 13 of 61 Describe Your Personal and Household Items Part 3: Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No ✓ Yes. Describe... Used Furniture \$400.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games **√** No Yes. Describe... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **✓** No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment **✓** No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ✓ Yes. Describe... **Used Clothing** \$350.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ✓ Yes. Describe... Misc. Costume Jewelry \$75.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe...

\$825.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here

Dorris Case 16-00205 Doc 1 Filed 01:05/16 Entered 01/05/16 (1/8):38:39 Desc Main

Document Page 14 of 61 **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Institution name: Yes 17.1. Checking account: TCF Bank \$800.00 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Yes

% of ownership:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in

an LLC, partnership, and joint venture

Name of entity

**✓** No

them

Yes. Give specific information about

| Deb | or 1 Dorris Case 1       |   | Filed 01:05/16 Entere  | ed_01/05/16/18/38:39            | Desc Main |  |  |
|-----|--------------------------|---|--|---------------------------------|-----------|--|--|
| 20  |                          | Middle Name   | Document Page 15   | 5 0† 61<br>ments                |           |  |  |
|     | Negotiable instruments   | overnment and corporate bonds and other negotiable and non-negotiable instruments gotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. |  |                                 |           |  |  |
|     |                          | nents are those you cannot t  | ansfer to someone by signing or deliverin  | g them.                         |           |  |  |
|     | ✓ No  Yes. Give specific |   |  |                                 |           |  |  |
|     | information about        | Issuer name:  |  |                                 |           |  |  |
|     | them                     |   |  |                                 |           |  |  |
|     |                          |   |  |                                 |           |  |  |
|     |                          |   |  |                                 |           |  |  |
| 21. | Retirement or pension    |   | 403(b), thrift savings accounts, or other μ  | pension or profit-sharing plans |           |  |  |
|     | ✓ No                     | ,,  |  |                                 |           |  |  |
|     | Yes. List each           | Type of account:  | Institution name:  |                                 |           |  |  |
|     | account separately       | 401(k) or similar plan:   |  |                                 | _         |  |  |
|     |                          | Pension plan:   |  |                                 | _         |  |  |
|     |                          | IRA:  |  |                                 |           |  |  |
|     |                          | Retirement account:   |  |                                 | _         |  |  |
|     |                          | Keogh:  |  |                                 |           |  |  |
|     |                          | Additional account:   |  |                                 |           |  |  |
|     |                          | Additional account:   |  |                                 | _         |  |  |
| 22. | Security deposits and    |   | that you may continue con ice or you from  |                                 |           |  |  |
|     |                          |   | that you may continue service or use from<br>t, public utilities (electric, gas, water), telec |                                 |           |  |  |
|     | companies, or others     |   |  |                                 |           |  |  |
|     | ✓ No                     |   | Institution name:  |                                 |           |  |  |
|     | Yes                      | Electric:   |  |                                 | _         |  |  |
|     |                          | Gas:  |  |                                 |           |  |  |
|     |                          | Heating oil:  |  |                                 |           |  |  |
|     |                          | Security deposit on renta   | l unit:  |                                 |           |  |  |
|     |                          | Prepaid rent:   |  |                                 |           |  |  |
|     |                          | Telephone:  |  |                                 | <u> </u>  |  |  |
|     |                          | Water:  |  |                                 | _         |  |  |
|     |                          | Rented furniture:   | -  |                                 | _         |  |  |
|     |                          | Other:  |  |                                 | _         |  |  |
| 23. | Annuities (A contract    | for a periodic payment of mo  | ney to you, either for life or for a number of   | f years)                        | _         |  |  |
|     | ✓ No                     |   |  | ,                               |           |  |  |
|     | Yes                      | Issuer name and descrip   | tion:  |                                 |           |  |  |
|     |                          |   |  |                                 |           |  |  |
|     |                          |   |  |                                 | _         |  |  |
|     |                          |   |  |                                 |           |  |  |

| Deb  | tor 1 Dorris Case 1                                  |                            |   |   |                     | esc main  |
|--|--|----------------------------|---|---|---------------------|---|
| 24.  | Interests in an educa<br>26 U.S.C. §§ 530(b)(1)      |                            | ant in a qualified ABLE progra                                      | Page 16 of 61<br>m, or under a qualified state to | uition program.     |   |
| Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): |  |                            |   |   |                     |   |
|  |  |                            |   |   |                     |   |
| 25.  | Trusts, equitable or f                               | future interests in pro    | operty (other than anything lis                                     | ted in line 1), and rights or pov                 | wers                |   |
|  | exercisable for your l                               | benefit                    |   |   |                     |   |
|  | ✓ No  Yes. Describe                                  |                            |   |   |                     |   |
| 26.  |  |                            | crets, and other intellectual proproceeds from royalties and licens |   |                     | J   |
|  | ✓ No ☐ Yes. Describe                                 |                            |   |   |                     |   |
| 27.  | Licenses, franchises<br>Examples: Building per       |                            | ntangibles<br>s, cooperative association holdin                     | gs, liquor licenses, professional                 | licenses            | -   |
|  | <b>✓</b> No  |                            |   |   |                     | -   |
|  | Yes. Describe  |                            |   |   |                     |   |
| Мо   | ney or property ov                                   | ved to you?                |   |   |                     | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28.  | Tax refunds owed to y                                | ou/ou                      |   |   |                     | ·   |
|  | ✓ No   | nformation                 |   | Fe  | ederal:             |   |
|  | Yes. Give specific in about them, in you already fil | ncluding whether           |   |   | ate:                |   |
|  | and the tax ye                                       |                            |   | Lo  | ocal:               |   |
| 29.  | Family support  Examples: Past due or lu             | ump sum alimony, spou      | sal support, child support, mainte                                  | nance, divorce settlement, proper                 | ty settlement       |   |
|  | ✓ No   |                            |   | Al  | imony:              |   |
|  | Yes. Give specific in                                | nformation                 |   |   | aintenance:         |   |
|  |  |                            |   | Su  | upport:             |   |
|  |  |                            |   | Di  | ivorce settlement:  |   |
| 30.  | Other amounts some                                   | one owes you               |   | Pr  | roperty settlement: |   |
|  | Examples: Unpaid wage                                | es, disability insurance p | payments, disability benefits, sick as you made to someone else     | pay, vacation pay, workers' compe                 | ensation,           |   |
|  | ✓ No   | , Jonana, anpaia loai      | is year made to compone olde  |   |                     |   |
|  | Yes. Describe  |                            |   |   |                     |   |

| Deb  | tor 1 Dorris Case 16-00205 Doc 1 First Name Middle Name  | FIIEG UT\$656T6                | <u>Entered</u> @as@b&           | <b>車の</b> (運転の) ある:39 D(     | <u>esc main</u>                       |
|------|--|--------------------------------|---------------------------------|------------------------------|---------------------------------------|
| 31.  | Interests in insurance policies  |                                | Page 17 of 61                   |                              |                                       |
|      | Examples: Health, disability, or life insurance; health  | n savings account (HSA); cre   | dit, homeowner's, or rente      | er's insurance               |                                       |
|      | <b>✓</b> No  | Company name:                  |                                 | Beneficiary:                 | Surrender or refund value:            |
|      | Yes. Name the insurance company  | Company name.                  |                                 | Beneficiary.                 | Currencer of Terana value.            |
|      | of each policy and list its value  | -                              |                                 | <del>.</del> -               | _                                     |
|      |  |                                |                                 | <u> </u>                     |                                       |
|      |  |                                |                                 |                              |                                       |
| 32.  | Any interest in property that is due you from so   |                                |                                 |                              |                                       |
|      | If you are the beneficiary of a living trust, expect pro property because someone has died.      | ceeds from a life insurance po | olicy, or are currently entitle | ed to receive                |                                       |
|      | No   |                                |                                 |                              |                                       |
|      | Yes. Describe  |                                |                                 |                              |                                       |
|      | Too. Describe  |                                |                                 |                              |                                       |
| 33.  | Claims against third parties, whether or not you   |                                | de a demand for payme           | nt                           |                                       |
|      | Examples: Accidents, employment disputes, insurar  | nce claims, or rights to sue   |                                 |                              |                                       |
|      | ✓ No   |                                |                                 |                              |                                       |
|      | Yes. Describe  |                                |                                 |                              |                                       |
| 34.  | Other contingent and unliquidated claims of e  | very nature, including cou     | nterclaims of the debto         | r and rights                 |                                       |
|      | to set off claims  |                                |                                 |                              |                                       |
|      | <b>✓</b> No  |                                |                                 |                              |                                       |
|      | Yes. Describe  |                                |                                 |                              |                                       |
| 35.  | Any financial assets you did not already list  |                                |                                 |                              |                                       |
|      | ✓ No   |                                |                                 |                              |                                       |
|      | Yes. Describe  |                                |                                 |                              |                                       |
|      |  |                                |                                 |                              |                                       |
| 36   | Add the dollar value of all of your entries from   | Part 4 including any entrie    | s for nages you have at         | tached                       | *****                                 |
| 00.  | for Part 4. Write that number here   |                                |                                 |                              | \$800.00                              |
|      |  |                                |                                 |                              |                                       |
|      |  |                                |                                 |                              |                                       |
| Part | •  |                                |                                 | st any real estate ir        | Part 1.                               |
| 37.  | Do you own or have any legal or equitable inter  | est in any business-related    | property?                       |                              | 0 1 1 11                              |
|      | No. Go to Part 6.  |                                |                                 |                              | Current value of the portion you own? |
|      | Yes. Go to line 38.  |                                |                                 |                              | Do not deduct secured claims          |
| 20   | Accounts receivable or commissions you alread  | dy carned                      |                                 |                              | or exemptions                         |
| 38.  | <u> </u>   | ay callicu                     |                                 |                              |                                       |
|      | ✓ No   |                                |                                 |                              |                                       |
|      | Yes. Describe  |                                |                                 |                              |                                       |
| 39.  | Office equipment, furnishings, and supplies<br>Examples: Business-related computers, software, m | nodems, printers, copiers, fax | machines, rugs, telephone       | es, desks, chairs, electroni | c devices                             |
|      | <b>✓</b> No  |                                |                                 |                              |                                       |
|      | Yes. Describe  |                                |                                 |                              |                                       |
|      |  |                                |                                 |                              |                                       |

|              | tor 1 Dorris Case 16 First Name  Machinery, fixtures, equ |                               | Filed 01:05:16  Documern and tools se in business, and tools | Entered @1/05/1<br>Page 18 of 61 | 6 (148;38: <u>39 D</u> | esc Main  |
|--------------|---|-------------------------------|--|----------------------------------|------------------------|---|
|              | ✓ No  |                               | ·  | •                                |                        |   |
|              | Yes. Describe   |                               |  |                                  |                        |   |
| 41.          | Inventory   |                               |  |                                  |                        |   |
|              | <b>✓</b> No   |                               |  |                                  |                        |   |
|              | Yes. Describe   |                               |  |                                  |                        |   |
| 42.          | Interests in partnershi                                   | ps or joint ventures          |  |                                  |                        |   |
|              | No No   |                               | Name of entity:  |                                  | % of ownership:        |   |
|              | Yes. Give specific information about them                 |                               |  |                                  |                        |   |
|              |   |                               |  |                                  |                        |   |
| 43. <b>(</b> | Customer lists, mailing                                   | lists, or other compilatio    | ns   | _                                |                        |   |
|              | <b>✓</b> No   |                               |  |                                  |                        |   |
|              | Yes. Do your lists inc                                    | clude personally identifiable | information (as defined in                                   | 11 U.S.C. § 101(41A))?           |                        |   |
|              | □No   |                               |  |                                  |                        |   |
|              | Yes. Descri   | be                            |  |                                  |                        |   |
| 11           | Any business-related n                                    | roperty you did not alrea     | dy liet  |                                  |                        |   |
| 44.          | _   | roperty you did not alread    | uy iist  |                                  |                        |   |
|              | ✓ No  |                               |  |                                  |                        |   |
|              | Yes. Give specific information                            |                               |  |                                  |                        |   |
|              |   |                               |  |                                  |                        |   |
|              |   |                               |  |                                  |                        |   |
|              |   |                               |  |                                  |                        |   |
|              |   |                               |  |                                  |                        |   |
|              |   |                               |  |                                  |                        |   |
| 15 A         | dd the dollar value of al                                 | Lof your entries from Pa      | rt 5 including any entries                                   | for pages you have attach        | ned                    |   |
|              |   |                               |  | nor pages you have attach        |                        |   |
| Part         |   | arm- and Commerci             |  | roperty You Own or H             | lave an Interest In    |   |
| 46.          | Do you own or have a                                      | ny legal or equitable inter   | rest in any farm- or comm                                    | ercial fishing-related prop      | erty?                  |   |
|              | ✓ No. Go to Part 7.                                       |                               |  |                                  |                        | Current value of the  |
|              | Yes. Go to line 47.                                       |                               |  |                                  |                        | portion you own? Do not deduct secured claims or exemptions |
| 47.          | Farm animals  |                               |  |                                  |                        |   |
|              | Examples: Livestock, pou                                  | ıltry, farm-raised fish       |  |                                  |                        |   |
|              | <b>✓</b> No   |                               |  |                                  |                        | 4   |
|              | Yes. Describe   |                               |  |                                  |                        |   |

|              | First Name Middle Name DOCUI   |                | Entered 014<br>Page 19 of 6 | <b>05/16</b> /18:38: <u>39</u><br>1    | Desc N | <i>l</i> ain |
|--------------|--|----------------|-----------------------------|--|--------|--------------|
| 48.          | Crops-either growing or harvested  |                | · ·                         |  |        |              |
|              | ✓ No   |                |                             |  |        |              |
|              | Yes. Describe  |                |                             |  |        |              |
| 49.          | Farm and fishing equipment, implements, machinery, fixture   | s, and tools   | of trade                    |  |        |              |
|              | <b>✓</b> No  |                |                             |  |        |              |
|              | Yes. Describe  |                |                             |  |        |              |
|              |  |                |                             |  |        |              |
| 50.          | Farm and fishing supplies, chemicals, and feed   |                |                             |  |        |              |
|              | ✓ No   |                |                             |  | _      |              |
|              | Yes. Describe  |                |                             |  |        |              |
| 51.          | Any farm- and commercial fishing-related property you did no<br>Examples: Livestock, poultry, farm-raised fish | ot already lis | st                          |  |        |              |
|              | <b>✓</b> No  |                |                             |  |        |              |
|              | Yes. Describe  |                |                             |  |        |              |
|              |  |                |                             |  |        |              |
|              | dd the dollar value of all of your entries from Part 6, including art 6. Write that number here                | •              |                             | attached                               | _      |              |
| IOI P        | art 6. Write that number here  |                |                             | ······································ |        |              |
|              |  |                |                             |  |        |              |
| Part         | 7: Describe All Property You Own or Have an Inte   | erest in Th    | nat You Did Not             | List Above                             |        |              |
| 53.          | Do you have other property of any kind you did not already lis   |                |                             |  |        |              |
|              | Examples: Season tickets, country club membership  |                |                             |  |        |              |
|              | ✓ <sub>No</sub>  |                |                             |  |        |              |
|              | Yes. Give specific information   |                |                             |  | -      | _            |
|              | mornation  |                |                             |  |        |              |
|              |  |                |                             |  |        |              |
| 54. A        | dd the dollar value of all of your entries from Part 7. Write that   | number he      | re                          |  | •      |              |
|              |  |                |                             |  | L      |              |
|              |  |                |                             |  |        |              |
| Part         | 8: List the Totals of Each Part of this Form   |                |                             |  |        |              |
|              |  |                |                             |  |        |              |
| 55. I        | Part 1: Total real estate, line 2  |                |                             | ······                                 |        |              |
| 56. <b>p</b> | part 2 total vehicles, line 5  | \$10322.0      | 00                          |  |        |              |
| 57. <b>P</b> | art 3: Total personal and household items, line 15   | \$825.00       |                             |  |        |              |
| 58. <b>P</b> | art 4: Total financial assets, line 36   | \$800.00       |                             |  |        |              |
| 59. <b>F</b> | Part 5: Total business-related property, line 45   | φοσο.σσ        |                             |  |        |              |
| 60. <b>F</b> | Part 6: Total farm- and fishing-related property, line 52  |                |                             |  |        |              |
|              | Part 7: Total other property not listed, line 54   | •              |                             |  |        |              |
|              |  |                |                             | ]                                      | Г      |              |
| 62.          | Fotal personal property. Add lines 56 through 61   | \$11947.0      | 0                           | Copy personal property to              | otal ▶ |              |
|              |  |                |                             | 1 22p, polocilal proporty to           |        |              |
| 63. <b>T</b> | otal of all property on Schedule A/B. Add line 55 + line 62  |                |                             |  |        | \$11947.00   |
|              |  |                |                             |  | I      |              |

| Fill i   | in this inform  | Case 16-00205 ation to identify your case:  | Doc 1 Filed 01/  | 05/16 Entered 01/0  | 5/16 18:38:39  | Desc Main   |
|--|---|---|--|---|--|---|
|  | otor 1  | Dorris  |  | Steele  |  |   |
|  | otor 2<br>ouse, if filing)  | First Name  | Middle Name  Middle Name   | Last Name   |  |   |
|  |   |   |  | Last Name District of Illinois  |  |   |
| Cas  | se number   |   |  | (State)   |  |   |
|  | ficial F  | orm 106C  |  |   |  | Check if this is a amended filing   |
|  |   |   | erty You Claim   | as Exempt   |  | 12/1  |
| For<br>is to<br>exer<br>rece<br>exer<br>exer<br>prop | each iten o state a s mpted up eive certa mption of perty is d  t1: Ident Which set | n of property you cla<br>specific dollar amoun<br>to the amount of an<br>in benefits, and tax-<br>100% of fair market<br>etermined to exceed<br>ify the Property You<br>of exemptions are you cl<br>e claiming state and federal<br>e claiming federal exemptio | t as exempt. Alternative y applicable statutory exempt retirement fundation value under a law that that amount, your executaring? Check one only, even nonbankruptcy exemptions. 11 u.s.c. § 522(b)(2) | st specify the amount of rely, you may claim the fullimit. Some exemptionsds—may be unlimited in a limits the exemption to emption would be limited in if your spouse is filing with you. | ull fair market value —such as those fo dollar amount. How a particular dollar to the applicable s | r health aids, rights to<br>wever, if you claim an<br>amount and the value of the |
|  |   | ription of the property an<br>lle A/B that lists this prop  |  | Amount of the exemption yo Check only one box for each ex   |  | cific laws that allow exemption   |
|  |   |   | Copy the value from Schedule A/B   |   |  |   |
|  | Brief<br>description  | TCF Bank  | \$800.00   | <b>▽</b>  |  | 735 ILCS 5/12-1001(b)   |
|  | Line from Schedule A  |   |  | \$800.00  100% of fair market value, u applicable statutory limit   | up to any  |   |
|  | Brief   | Used Clothing   | \$350.00   | applicable statutory limit  |  | 735 ILCS 5/12-1001(a), (e)  |
|  | description Line from Schedule A  |   |  | \$350.00  100% of fair market value, u applicable statutory limit   |  |   |
| 3.   | (Subject to   | adjustment on 4/01/16 and o   |  | ,,  | ,  |   |

Debtor 1 Dorris Case 16-00205 Doc 1 Filed 01:05:16 Entered 01:05:16 in Sirst Name Docume: Name Docume: Page 21 of 61

Part 2: Additional Page Brief description of the property and line Current value of Amount of the exemption you claim Specific laws that allow exemption on Schedule A/B that lists this property the portion you Check only one box for each exemption. Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$400.00  $\overline{\mathbf{V}}$ **Used Furniture** description: \$400.00 Line from 100% of fair market value, up to any Schedule A/B: 06 applicable statutory limit Brief 735 ILCS 5/12-1001(b) \$75.00 description: Misc. Costume Jewelry  $\boxed{}$ \$75.00 Line from 100% of fair market value, up to any Schedule A/B: 12 applicable statutory limit 735 ILCS 5/12-1001(c) Brief 2014 Nissan Versa Note -\$10,322.00 description: 23,794 miles Line from 100% of fair market value, up to any

applicable statutory limit

Schedule A/B:

03

|                                 | Case 16-00205                                       | Doc 1 Filed (                                     | 01/05/16 Entered 01  | /05/16 18·38·30  | Desc Main   |                                    |
|---------------------------------|---|---|--|--|---|------------------------------------|
| Fill in this information        | ation to identify your case:                        |   |  | 23/10 10.30.33   | Desc Main   |                                    |
| Debtor 1                        | Dorris  |   | Steele   |  |   |                                    |
|                                 | First Name  | Middle Name                                       | Last Name  |  |   |                                    |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle Name                                       | Last Name  |  |   |                                    |
| United States Ba                | ankruptcy Court for the: <u>N</u>                   | orthern   | District of Illinois   |  |   |                                    |
| Case number                     |   |   | (State)  |  |   |                                    |
| (If known)                      |   |   |  |  |   |                                    |
| Official F                      | orm 106D  |   |  | <u> </u>   |   | neck if this is a<br>nended filing |
| Schedu                          | le D: Credito                                       | rs Who Hav  | ve Claims Secur  | ed by Prope  | rty   | 12/1                               |
| 1. Do any cre No. Ch            | ditors have claims secured                          | I by your property?<br>form to the court with you | name and case number (if   | •  |   |                                    |
| claim. If mo                    |   | rticular claim, list the other                    | claim, list the creditor separately for<br>er creditors in Part 2. As much as<br>ditor's name. | each Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |
| 2.1 NISSAN MO                   | OTOR ACCEPTANC                                      | Describe the propert                              | y that secures the claim:  | \$13,926.00  | \$10,322.00   | \$3,604.00                         |
| P.O. Box 68  Number             |   | 2014 Nissan Versa No As of the date you fil       | ote - 23,794 miles   Value: \$10,322.00<br>e, the claim is: Check all that apply.              |  |   |                                    |
| Franklin<br>City                | Tennessee 37068 State ZIP Code the debt? Check one. | Contingent Unliquidated Disputed                  |  |  |   |                                    |
| ✓ Debtor                        |   | Nature of lien. Check                             | all that apply.  |  |   |                                    |
| Debtor                          | •   | An agreement you car loan)                        | u made (such as mortgage or secure   | d  |   |                                    |
| =                               | one of the debtors and                              | Statutory lien (suc                               | ch as tax lien, mechanic's lien)   |  |   |                                    |
| another                         |   | Judgment lien from                                | m a lawsuit  |  |   |                                    |
|                                 | if this claim relates to a unity debt               | Other (including a                                | right to offset)   |  |   |                                    |
|                                 | was incurred 7/1/2013                               | Last 4 digits of acco                             | unt number0001   |  |   |                                    |
|                                 | Add the dollar value of you here:                   | ur entries in Column A                            | on this page. Write that number  | \$13,926.00  |   |                                    |

|         |  | Case 16-00205  | 5 Doc 1 File   | d 01/05/  | 16 Entered 0   | 1/0E/16 10:                                     | 20.20       | Door          | Main             |                  |
|---------|--|--|--|---|--|---|-------------|---------------|------------------|------------------|
| Fill in | n this informa                                   | ation to identify your case  |  | 11 (11/05/  | io emerent   | 1705/10 16.                                     | 30.39       | Desc          | IVIAIII          |                  |
| Deb     | tor 1  | Dorris<br>First Name   | Middle Name  |   | Steele   | _   |             |               |                  |                  |
| Deb     | tor 2  | First Name   | Middle Name  | L   | ast Name   | _   |             |               |                  |                  |
| (Spo    | ouse, if filing)                                 | First Name   | Middle Name  | L   | ast Name   |   |             |               |                  |                  |
| Unite   | ed States Ba                                     | nkruptcy Court for the:  | Northern   | District  | of Illinois (State)  | _   |             |               |                  |                  |
|         | e number<br>lown)                                |  |  |   | (Oldic)  | _   |             |               |                  |                  |
| Off     | icial Fo   | orm 106E/F   |  |   |  | <u>_</u>  |             | Chec          | ck if this is an | n amended filing |
| Sc      | hedu   | le E/F: Cre  | ditors Who   | <b>Have</b>   | Unsecure   | ed Claim  | าร          |               |                  | 12/1             |
|         | oxes on the                                      | edule D: Creditors Who<br>e left. Attach the Contin<br>All of Your PRIORIT   | uation Page to this pa                               | ge. On the to   |  |   |             |               |                  |                  |
| 2.      | Yes.  List all of y identify what possible, list | o to Part 2.  Your priority unsecured at type of claim it is. If a clait the claims in alphabetic ore than one creditor hold | aim has both priority and all order according to the | nonpriority am<br>creditor's nam  | ounts, list that claim he<br>ie. If you have more tha  | re and show both p                              | riority and | nonpriority a | amounts. As i    | much as          |
|         | (For an exp                                      | lanation of each type of c   | laim, see the instructions                           | for this form in  | n the instruction bookle   | t.)   |             | Total claim   | Priority         | Nonpriority      |
|         |  |  |  |   |  |   |             | rotal claim   | amount           | amount           |
|         |  | enue Service<br>ditor's Name   |  | _   | of account number  |   |             | \$5,500.00    | \$5,500.00       | \$0.00           |
|         | P.O. Box 734<br>Number                           | 46<br>Street   |  | •   | he debt incurred?  | n/a   |             |               |                  |                  |
|         | Debtor Debtor Debtor At least Check              | State<br>red the debt? Check on<br>1 only  | Zip Code<br>e.<br>nother                             | Continged Unliquid Disputed Type of PRIG Domesti Taxes ar Claims for intoxicate | ated  DRITY unsecured cla c support obligations d certain other debts your or death or personal inji | im:<br>ou owe the governm<br>ury while you were | nent        |               |                  |                  |
|         | Yes  |  |  |   |  |   |             |               |                  |                  |

| Deb  | tor 1 Dorris Case 16-00205 Doc 1 Filed 01\$6  | <u>  15/16                                  </u>  | ain            |
|------|---|---|----------------|
| Part | First Name Middle Name Docume   |   |                |
| 3.   | Do any creditors have nonpriority unsecured claims against you'  No. You have nothing to report in this part. Submit this form to the or  Yes.  |   |                |
| 4.   | unsecured claim, list the creditor separately for each claim. For each cl   | order of the creditor who holds each claim. If a creditor has more that aim listed, identify what type of claim it is. Do not list claims already incluis in Part 3.If you have more than four priority unsecured claims fill out the | ded in Part 1. |
|      |   |   | Total claim    |
| 4.1  | City of Chicago Parking Nonpriority Creditor's Name   | - Last 4 digits of account number   | \$60.00        |
|      | 121 N. LaSalle St # 107A  | When was the debt incurred?n/a  |                |
|      | Number Street   | As of the date you file, the claim is: Check all that apply.  |                |
|      | Oli Direction of the control of the | Contingent  |                |
|      | Chicago   Illinois   60602     City   State   Zip Code  | - Unliquidated  |                |
|      | Who incurred the debt? Check one.   | Disputed  |                |
|      | ✓ Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                |
|      | Debtor 2 only   | Student loans   |                |
|      | Debtor 1 and Debtor 2 only  At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                |
|      | Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar debts   |                |
|      | Is the claim subject to offset?   | ✓ Other. Specify  |                |
|      | ✓ No  |   |                |
|      | Yes   |   |                |
| 4.2  | COMENITY BANK/CARSONS   | - Last 4 digits of account number   | \$487.00       |
|      | Nonpriority Creditor's Name<br>1314 PINELOG ROAD  | When was the debt incurred? 9/1/2014  |                |
|      | Number Street   | <del></del>   |                |
|      |   | As of the date you file, the claim is: Check all that apply.  |                |
|      | AIKEN South Carolina 29803  | Contingent  |                |
|      | City State Zip Code   | -   |                |
|      | Who incurred the debt? Check one.   | Disputed  |                |
|      | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                |
|      | Debtor 2 only   | Student loans   |                |
|      | Debtor 1 and Debtor 2 only  At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                |
|      | Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar debts   |                |
|      | Is the claim subject to offset?   | ✓ Other. Specify  |                |
|      | ✓ No  |   |                |
|      | Yes Yes   |   |                |
| 4.3  | PEOPLES ENGY Nonpriority Creditor's Name  | - Last 4 digits of account number5092   | \$1,493.00     |
|      | 200 EAST RANDOLPH   | When was the debt incurred? 4/1/2008  |                |
|      | Number Street   | As of the date you file, the claim is: Check all that apply.  |                |
|      |   | Contingent  |                |
|      | CHICAGO         Illinois         60601           City         State         Zip Code  | - Unliquidated  |                |
|      | Who incurred the debt? Check one.   | Disputed  |                |
|      | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                |
|      | Debtor 2 only   | Student loans   |                |
|      | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce that   |                |
|      | At least one of the debtors and another   | you did not report as priority claims   |                |
|      | Check if this claim relates to a community debt   | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify  |                |
|      | Is the claim subject to offset?   | Other. Specify  |                |
|      | Yes   |   |                |

Debtor 1 Dorris Case 16-00205 Doc 1 Filed 01:05/16 Entered 01:05/16 (18:38:39 Desc Main Pirst Name Documentum Page 25 of 61

Part 4: First Name Middle Name DOCUMENT Add the Amounts for Each Type of Unsecured Claim

|                          |     | nts of certain types of unsecured claims. This information is for each type of unsecured claim.         | sta | ntistical reporting purposes only. 2 | 8 U.S.C. §159. |
|--------------------------|-----|---|-----|--------------------------------------|----------------|
|                          |     |   |     | Total claims                         |                |
| Total claims from Part 1 | 6a. | Domestic support obligations.   | 6a. | \$0.00                               |                |
| monit die i              | 6b. | Taxes and certain other debts you owe the   | 6b. | \$5,500.00                           |                |
|                          | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$0.00                               |                |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$0.00                               |                |
|                          | 6e. | Total. Add lines 6a through 6d.   | 6e. | \$5,500.00                           |                |
|                          |     |   |     | Total claims                         |                |
| Total claims from Part 2 | 6f. | Student loans   | 6f. | \$0.00                               |                |
|                          | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00                               |                |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.00                               |                |
|                          | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$2,040.00                           |                |
|                          | 6j. | Total. Add lines 6f through 6i.   | 6j. | \$2,040.00                           |                |

|                                    | Case 16-00205                   | Doc 1 Filed                 | 101/05/16           | Entered 0                 | 1/05/16 18:38:39   | Desc Main  |
|------------------------------------|---------------------------------|-----------------------------|---------------------|---------------------------|--|--|
| Fill in this inform                | nation to identify your case:   |                             |                     |                           | 3/10 10.30.33  | Desc Main  |
| Debtor 1                           | Dorris<br>First Name            | Middle Name                 | Steele<br>Last N    |                           | _  |  |
| Debtor 2<br>(Spouse, if filing)    | First Name                      | Middle Name                 | Last f              | Name                      | -  |  |
| United States Ba                   | ankruptcy Court for the:        | Northern                    | District of I       | Ilinois<br>(State)        | _  |  |
| Case number (If known)             | -                               |                             |                     |                           | -  |  |
| Official I                         | Form 106G                       |                             |                     |                           |  | Check if this is a amended filing                                  |
| Schedul                            | e G: Executo                    | ry Contract                 | s and Ur            | nexpired                  | Leases   | 12/1   |
| space is needed<br>case number (if | d, copy the additional pag      | ge, fill it out, number the | e entries, and at   | ttach it to this pag      | ge. On the top of any addit                                  | ring correct information. If more ional pages, write your name and |
| Yes. Fill i                        | in all of the information below | w even if the contracts o   | r leases are listed | d on <i>Schedule A/B:</i> | Property (Official Form 106                                  | A/B).  |
| •                                  |                                 | -                           |                     |                           | te what each contract or le<br>ples of executory contracts a | ease is for (for example, rent, nd unexpired leases.               |
| Person                             | or company with whom y          | you have the contract o     | or lease            |                           | State what the contract                                      | ct or lease is for   |
| 2.1 Payne Pro<br>Name<br>7436 S Ve |                                 |                             |                     | _                         | Other,<br>Other,<br>Residential Lease                        |  |
| Number                             | Street                          |                             |                     | <del></del>               |  |  |
| Chicago                            | Illino                          | ois 606 <sup>-</sup>        | 19                  |                           |  |  |

|      |                            | 0 10 0000                               | E Danid Ellado                     | 11/05/10                          | 04/05/40 40:00:00                  | Daga Main  |
|------|----------------------------|---|------------------------------------|-----------------------------------|------------------------------------|--|
| Fill | in this inform             | Case 16-0020 ation to identify your cas |                                    | 1/05/16 Entered                   | 11/05/16 18:38:39                  | Desc Main  |
| De   | btor 1                     | Dorris                                  |                                    | Steele                            |                                    |  |
|      |                            | First Name                              | Middle Name                        | Last Name                         |                                    |  |
|      | btor 2<br>oouse, if filing | First Name                              | Middle Name                        | Last Name                         | _                                  |  |
| Un   | ited States B              | ankruptcy Court for the:                | Northern                           | District of Illinois              |                                    |  |
|      | se number                  |   |                                    | (State)                           | _                                  |  |
| •    |                            |   |                                    |                                   |                                    | Check if this is a amended filing  |
| O    | fficial F                  | Form 106H                               |                                    |                                   |                                    | amenaea ming   |
|      |                            | e H: Your Co                            | odebtors                           |                                   |                                    | 12/1:  |
|      | Do you have No             | ve any codebtors? (If yo                | ou are filing a joint case, do not | t list either spouse as a codebto | or.)                               |  |
| 2.   | Louisiana, No. G           | levada, New Mexico, Pu<br>o to line 3.  | erto Rico, Texas, Washington,      | and Wisconsin.)                   | unity property states and territor | ies include Arizona, California, Idaho,  |
|      |                            | lid your spouse, former s<br>lo         | pouse, or legal equivalent live v  | with you at the time?             |                                    |  |
|      |                            |   | state or territory did you live?   | Fill                              | in the name and current address    | ss of that person.   |
|      |                            | Name of your spouse, f                  | ormer spouse, or legal equival     | ent                               | _                                  |  |
|      |                            | Number Street                           |                                    |                                   | <del>-</del>                       |  |
|      |                            | City                                    | State                              | Zip Code                          | -                                  |  |
| 3.   | as a codeb                 | tor only if that person                 | is a guarantor or cosigner. I      | Make sure you have listed th      |                                    | the person shown in line 2 again<br>ficial Form 106D), <i>Schedule E/F</i><br>blumn 2. |
|      | Column 1:                  | Your codebtor                           |                                    |                                   | Column 2: The creditor to          | whom you owe the debt  |

Check all schedules that apply:

| Debtor 1 Dorris Steele First Name Middle Name Last Name  Debtor 2 (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the:  Northern District of Illinois Case number (Iknown)  Official Form 106I  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equal esponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  Information.  Byou have more than one job, attach a separate page with information about additional employers.  Bemployer's name Employer's address or self-employed work.  Employer's address  Chicago Department of Family and Support Number Street  Number Street  | Steele st Name   | Fill in this            | information to identify          | y your case:                     | 10=14.0       | أخصنا          | 5/16 18          | :38:39        | Desc Mair | 1          |
|--|--|-------------------------|----------------------------------|----------------------------------|---------------|----------------|------------------|---------------|-----------|------------|
| First Name   | st Name  | <b>5</b> 17 1           | <u> </u>                         | Docur                            |               | ige zo or      | <del>- 0 -</del> |               |           |            |
| Debtor 2 (Spouse, if filing) First Name  | st Name  | Debtor 1                |                                  | A.P. L. P. A.                    |               |                | _                |               |           |            |
| Debtor 2 (Spouse, if filing) First Name  United States Bankruptcy Court for the:  Northern  District of Illinois  Case number (If known)  Difficial Form 106   Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equal esponsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question.  Part 1:  Describe Employment  I. Fill in your employment information.  Employment status  Debtor 1  Debtor 2  Employed  Not Employed  Not Employed  Not Employed  Not Employed  Include part time, seasonal, or  Employer's name  Employer's name  Employer's address  Chicago Department of Family and Support  Services  1615 W Chicago Ave  Number Street  Number Street  | st Name  |                         | First Name                       | Middle Name                      | Last Nam      | е              |                  | Check if this | is:       |            |
| United States Bankruptcy Court for the: Northern District of Illinois (State)    A supplement showing post-petition challed blooking date:   | uptoy Court for the: Northern  |                         | :::\ <del>-</del>                |                                  |               |                | _                | _             |           |            |
| Case number (If known)  District of Illinois (State)  expenses as of the following date:    MM / DD / YYYY   | purpose Court for the:    Nottnern   | (opouse, it fi          | iiiig) First Name                | Middle Name                      | Last Nam      | е              |                  | =             | ŭ         |            |
| Case number (If known)  Difficial Form 106  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equal esponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you calculde information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional ages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or Employer's name Employer's name Employer's address  Chicago Department of Family and Support Number Street  Number Street  Number Street  | It your Income  and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally supplying correct information. If you are married and not filing jointly, and your spouse is living with you, titon about your spouse. If you are separated and your spouse is not filing with you, do not include use name and case number (if known). Answer every question.    Debtor 1   | United State            | es Bankruptcy Court for the:     | Northern                         |               |                | -                |               |           |            |
| Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equal esponsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you not include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional additional employers.    Part 1:   Describe Employment   Debtor 1   Debtor 2   | and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally supplying correct information. If you are married and not filing jointly, and your spouse is living with you, titon about your spouse. If you are separated and your spouse is not filing with you, do not include not your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional arr name and case number (if known). Answer every question.    Debtor 1  |                         | er                               |                                  | ,             | <u></u>        | -                | MM / DI       | D/YYYY    |            |
| esponsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you not include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional additional about your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or  Employer's address  Employer's address  Employer's address  Employer's address  Employer's address  Employer's rest  Number Street  Number Street  | supplying correct information. If you are married and not filling jointly, and your spouse is living with you, titon about your spouse. If you are separated and your spouse is not filling with you, do not include nut your spouse. If you are separated and your spouse is not filling with you, do not include a nut your spouse. If you are separated and your spouse is not filling with you, do not include nut your spouse. If you are separated and your spouse is not filling with you, do not include a separate sheet to this form. On the top of any additional sur name and case number (if known). Answer every question.    Debtor 1   |                         | -                                | ome                              |               |                |                  |               |           | 12/        |
| information.  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or  Employment status  ✓ Employed  ✓ Employed  ✓ Not Employed   | Employment status    Employed  | oages, wri              | ite your name and ca             | se number (if known). A          | nswer every   |                |                  |               |           | additional |
| If you have more than one job, attach a separate page with information about additional employers.  Employer's name  Employeent status  Foster Grandparent  Chicago Department of Family and Support  Services  Include part time, seasonal, or  Employer's address  Occupation  Employer's name  Chicago Department of Family and Support  Services  1615 W Chicago Ave  Number Street  | Employment status    Employed     Employed   |                         |                                  |                                  | Debtor 1      |                |                  | Debtor 2      |           |            |
| If you have more than one job, attach a separate page with information about additional employers.    Include part time, seasonal, or   Employer's address   Services   1615 W Chicago Ave   Number Street   N | Separate page with on about additional rs.  Employer's name Employer's address  Employ | •                       |                                  | Employment status                | Fmployed      |                |                  | Employ        | red       |            |
| attach a separate page with information about additional employers.  Employer's name  Include part time, seasonal, or  Employer's address  Occupation  Foster Grandparent  Chicago Department of Family and Support  Services  1615 W Chicago Ave  Number Street  Number Street  | Separate page with on about additional rs.  Employer's name Employer's address  Employer's address  Chicago Department of Family and Support Services 1615 W Chicago Ave Number Street  Number Street  Chicago Illinois 60622 City State Zip Code  How long employed there?  Details About Monthly Income  |                         | •                                |                                  |               |                |                  | = ' '         |           |            |
| information about additional employers.  Employer's name Include part time, seasonal, or  Employer's address Occupation  Employer's name Chicago Department of Family and Support Services 1615 W Chicago Ave Number Street Number Street  | Occupation Foster Grandparent  Employer's name Employer's address  | •                       | •                                |                                  | Not Emplo     | yea            |                  | ☐ Not En      | nployed   |            |
| employers.  Employer's name  Include part time, seasonal, or  Employer's address or  Chicago Department of Family and Support Services 1615 W Chicago Ave Number Street Number Street  | Employer's name Part time, seasonal, loyed work.  In maker, if it applies.  Chicago Department of Family and Support Services 1615 W Chicago Ave Number Street  Chicago Illinois 60622 City State Zip Code  City State Zip Code  Cod |                         |                                  | Occupation                       | Foster Grandp | parent         |                  |               |           |            |
| or Employer's address 1615 W Chicago Ave Number Street Number Street   | loyed work.  In third, seasonal, boyed work.  In third, seasonal,  |                         |                                  | Employer's name                  |               | ırtment of Fam | ily and Support  |               |           |            |
| Or Number Street Number Street   | loyed work.  on may include  maker, if it applies.  Chicago Illinois 60622  City State Zip Code City State Zip Code  How long employed there?  Details About Monthly Income  |                         | •                                | Employer's address               |               | ao Ave         |                  |               |           |            |
|  | Chicago Illinois 60622 City State Zip Code  How long employed there?  Details About Monthly Income   |                         |                                  | ,,                               |               | 907110         |                  | Number Stre   | et        |            |
| Occupation may include   | Chicago Illinois 60622 City State Zip Code City State Zip Code  How long employed there?  Details About Monthly Income   |                         | •                                |                                  |               |                |                  |               |           |            |
| student  | Chicago Illinois 60622 City State Zip Code City State Zip Code  How long employed there?  Details About Monthly Income   | _                       |                                  |                                  | -             |                |                  |               |           |            |
|  | How long employed there?   | 0                       | or nomemaker, it it applies.     |                                  | Chicago       | Illinois       |                  |               |           |            |
| City State Zip Code City State Zip Code  | Details About Monthly Income   |                         |                                  |                                  | City          | State          | Zip Code         | City          | State     | Zip Code   |
| How long employed there?   | ·  |                         |                                  | How long employed there?         |               |                |                  |               |           |            |
| 2. List monthly gross wages, salary, and commissions (before all payroll 2. \$250.00   |  | 2. List m               | nonthly gross wages, salar       | v. and commissions (before all   | pavroll       |                |                  | non-filing    | spouse    |            |
| deductions.) If not paid monthly, calculate what the monthly wage would be.  | non-filing spouse  | deduc                   | ctions.) If not paid monthly, ca | Iculate what the monthly wage wo | . ,           | <u> </u>       | <u> </u>         |               |           |            |
|  | gross wages, salary, and commissions (before all payroll 2. \$250.00 not paid monthly, calculate what the monthly wage would be.   | <ol><li>Estim</li></ol> | nate and list monthly overt      | ime pay.                         |               | 3.             | + \$0.00         |               |           |            |

4. Calculate gross income. Add line 2 + line 3.

\$250.00

Documentame Page 29 of 61 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4. \$250.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$0.00 5b. Mandatory contributions for retirement plans 5b. \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$0.00 5f. Domestic support obligations 5f. \$0.00 \$0.00 5g. Union dues 5g. 5h. Other deductions. Specify: 5h. + \$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. \$0.00 6. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$250.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$0.00 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce \$0.00 settlement, and property settlement. 8c. 8d. Unemployment compensation \$0.00 8d. 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies \$0.00 Specify: 8f. 8g. Pension or retirement income \$1,335.00 8g. 8h. Other monthly income. Specify: 8h. + \$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$1,335.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$1.585.00 \$1.585.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Voluntary Household Contributions \$0.00 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies \$1,585.00 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No Yes. Explain:

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Debtor 1 Dorris Case 16-00205

| Fill in this information to identify your case:  Debtor 1 Dorris Steele First Name Middle Name Last Name  Debtor 2 Check if this is:   |                     |
|--|---------------------|
| First Name Middle Name Last Name  Debtor 2 Check if this is:   |                     |
| Debtor 2 Check if this is:   |                     |
| 200012   |                     |
| (Spouse, if filing) First Name Middle Name Last Name   |                     |
|  |                     |
| United States Bankruptcy Court for the:    Northern  | apter 13            |
| Case number  |                     |
| (If known)   |                     |
| Official Form 106J   |                     |
|  |                     |
| Schedule J: Your Expenses  | 12/1                |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number if known). Answer every question.  |                     |
| Part 1: Describe Your Household  |                     |
| 1. Is this a joint case?   |                     |
| No. Go to line 2   |                     |
| Yes. Does Debtor 2 live in a separate household?   |                     |
|  |                     |
| □ No<br>□  |                     |
| Yes. Debtor 2 must file Official Forms 106J-2, Expenses for Separate Household of Debtor 2.  |                     |
| 2. Do you have dependents?   No  |                     |
| Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for Dependent's relationship to Debtor 2 Debt | live                |
| 3. Do your expenses include  |                     |
| expenses of people other   |                     |
| yourself and your Yes  |                     |
| dependents?  |                     |
| Part 2: Estimate Your Ongoing Monthly Expenses   |                     |
|  |                     |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  |                     |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of   | xpenses             |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and  | xpenses<br>\$403.00 |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4.  | •                   |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4.  If not included in line 4:   | \$403.00            |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4.  If not included in line 4:  | •                   |

\$0.00

4d.

4d. Homeowner's association or condominium dues

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|---|-----|---------------|
|   |     | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans   | 5.  | \$0.00        |
| 6. Utilities:   |     |               |
| 6a. Electricity, heat, natural gas  | 6a. | \$80.00       |
| 6b. Water, sewer, garbage collection  | 6b. | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c. | \$80.00       |
| 6d. Other. Specify:   | 6d  | \$0.00        |
| 7. Food and housekeeping supplies   | 7.  | \$202.00      |
| 8. Childcare and children's education costs   | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning  | 9.  | \$10.00       |
| 10. Personal care products and services   | 10. | \$10.00       |
| 11. Medical and dental expenses   | 11. | \$0.00        |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.   |     | \$50.00       |
| Do not include car payments   | 12. |               |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13. | \$0.00        |
| 14. Charitable contributions and religious donations  | 14. | \$0.00        |
| <ol> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> </ol>   |     |               |
| 15a. Life insurance   | 15a | \$120.00      |
| 15b. Health insurance   | 15b | \$0.00        |
| 15c. Vehicle insurance  | 15c | \$154.78      |
| 15d. Other insurance. Specify:  | 15d | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.   |     |               |
| Specify:  | 16  | \$0.00        |
| 17. Installment or lease payments:  | .0  |               |
| 17a. Car payments for Vehicle 1   | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2   | 17b | \$0.00        |
| 17c. Other. Specify:  | 17c | \$0.00        |
| 17d. Other. Specify:  | 17d | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). |     | \$0.00        |
| 19.Other payments you make to support others who do not live with you.  | 18. |               |
| Specify:  | 40  | \$0.00        |
| 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  | 19. |               |
| 20a. Mortgages on other property  | 20a | \$0.00        |
| 20b. Real estate taxes 20b.   | 20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance   | 20c | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses 20d.  | 20d | \$0.00        |
| 20e. Homeowner's association or condominium dues  | 20e | \$0.00        |
|   | 200 | 75.00         |

| Debtor 1 Dorris   | Case 16-00205   | Doc 1          | Filed 01 <b>505</b> /16  | Entered 01/05/16 /18/38:39 | Desc Main |            |
|---|---|----------------|--------------------------|----------------------------|-----------|------------|
| 21. <b>Other.</b> Speci                                       |   | Wildlie Name   | Document Mare            | Page 32 of 61              | 21        | \$0.00     |
| 00.01.14  |   |                |                          |                            |           |            |
| •   | our monthly expenses.   |                |                          |                            | _         | \$1,109.78 |
|   | es 4 through 21.  |                |                          | _                          | _         | \$0.00     |
| . ,   | ne 22 (monthly expenses for I                                   | ,              | · ·                      | -2                         | _         | \$1,109.78 |
| 22c. Add line   | 22c. Add line 22a and 22b. The result is your monthly expenses. |                |                          |                            |           |            |
| 23. Calculate yo  | our monthly net income.   |                |                          |                            |           |            |
| 23a. Copy lir   | e 12 (your combined monthly                                     | y income) from | Schedule I.              |                            | 23a       | \$1,585.00 |
| 23b. Copy yo  | our monthly expenses from lin                                   | e 22 above.    |                          |                            | 23b       | \$1,109.78 |
| 23c. Subtract your monthly expenses from your monthly income. |   |                |                          |                            |           | \$475.22   |
| The re  | sult is your monthly net incon                                  | ne.            |                          |                            | 23c       |            |
| 24. Do you exp  | ect an increase or decreas                                      | e in your exp  | enses within the year af | ter you file this form?    |           |            |
|   | e, do you expect to finish pay<br>ayment to increase or decrea  |                |                          |                            |           |            |
| ✓ No  |   |                |                          |                            |           |            |
| Yes   |   |                |                          |                            |           |            |
|   | Explain here:   |                |                          |                            |           |            |
|   |   |                |                          |                            |           | _          |

| Case 16-00205 Doc 1 Filed 01/05/16 Fntered 01/05/16 18:38:39 Desc Main  Fill in this information to identify your case:  Debtor 1 Dorris Steele First Name Middle Name Last Name  Debtor 2 (Spouse, if filling) First Name Middle Name Last Name  United States Bankruptcy Court for the: Northern District of Illinois (State)  Case number (If known) |                                    |
|---|------------------------------------|
| First Name Middle Name Last Name  Debtor 2 (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: Northern District of Illinois (State)  Case number (If known)  |                                    |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: Northern District of Illinois (State)  Case number (If known)  |                                    |
| United States Bankruptcy Court for the:  Northern  District of Illinois (State)  Case number (If known)   |                                    |
| Case number (If known)  |                                    |
| Case number (If known)  |                                    |
|   |                                    |
|   |                                    |
|   | heck if this is a<br>mended filing |
| Declaration About an Individual Debtor's Schedules  | 12/1                               |
| If two married people are filing together, both are equally responsible for supplying correct information.  |                                    |
| You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtain property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. § 1519, and 3571.  Part 1: Sign Below                  |                                    |
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?   |                                    |
| ✓ No  |                                    |
| Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  |                                    |
|   |                                    |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  |                                    |
|   |                                    |
| X /s/ Dorris Steele X   |                                    |
| ✗ /s/ Dorris Steele     ✗       Signature of Debtor 1     Signature of Debtor 2   |                                    |

| this inform  |  | 5 Doc 1   | Filed 01/05/16   | Entered 01   | <u>/0</u> 5/16 18:38:39   | Desc Main                                     |
|--|--|---|--|--|---|---|
|  |  |   | Stoolo   | J  |   |   |
| OI I   | First Name   | Middle N  |  | ne   |   |   |
|  | g) First Name  | Middle 1  | Name Last Nan  | ne   |   |   |
|  |  |   |  |  |   |   |
|  | bankruptcy Court for the.  | Northern  |  |  |   |   |
|  | -  |   |  |  |   |   |
| icial  | Form 107   |   |  |  | _   | Check if this is a amended filing             |
| teme   | ent of Financ  | ial Affairs   | for Individua  | Is Filing  | for Bankrup   | tcv 12/1:                                     |
| is neede   | d, attach a separate sho   | eet to this form. On  | the top of any additional  | pages, write you   |   |   |
| What is  | your current marital st  | atus?   |  |  |   |   |
| _  |  |   |  |  |   |   |
| =  |  |   |  |  |   |   |
| During   | the last 3 years, have yo  | ou lived anywhere o   | other than where you live i  | now?   |   |   |
| No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |  |   |  |  |   |   |
| Del  | otor 1:  |   | Dates Debtor 1 lived there   | Debtor 2:  |   | Dates Debtor 2 lived there                    |
|  |  |   |  | Same as [  | Debtor 1  | Same as Debtor 1                              |
| Nur  | mber Street  |   | From   | Number Stree   | <br>et  | From  |
|  |  |   | To   |  |   | To  |
| City   | y State  | Zip Code  | _  | City   | State Zip (   | Code  |
|  |  |   |  | Same as [  | Debtor 1  | Same as Debtor 1                              |
| Nur  | mber Street  |   | From   | Number Stree   | <br>et  | From  |
| _  |  |   | To   |  |   | То  |
| City   | y State  | Zip Code  | _  | Citv   | State Zip (   | <br>Code                                      |
|  |  | ver live with a spou  |  | a community pro  |   |   |
|  | or 1 or 2 use, if filin ed States E e number own)  iCial teme complete is neede is neede  What is No During No During No City Nur City | Ithis information to identify your east or 1 Dorris First Name or 2 Use, if filing) First Name of States Bankruptcy Court for the enumber own)  ICIAL FORM 107  Itement of Finance complete and accurate as possible is needed, attach a separate sheet is needed, attach a separate sheet is needed. It Give Details About You What is your current marital state with the last 3 years, have you with the last 3 years, have you in the | This information to identify your case:  or 1 Dorris First Name Middle I or 2 use, if filing) First Name Middle I od States Bankruptcy Court for the:  Northern  e number own)  icial Form 107  Itement of Financial Affairs  complete and accurate as possible. If two married is needed, attach a separate sheet to this form. On  Itement of Financial Affairs  complete and accurate as possible. If two married is needed, attach a separate sheet to this form. On  Itement of Financial Affairs  complete and accurate as possible. If two married is needed, attach a separate sheet to this form. On  Itement of Financial Affairs  complete and accurate as possible. If two married  Not married  Not married  During the last 3 years, have you lived anywhere of  Ves. List all of the places you lived in the last 3 year  Debtor 1:  Number Street  City State Zip Code  Within the last 8 years, did you ever live with a spot | This information to identify your case:  or 1 Dorris First Name Middle Name Last Nar  or 2 Last, if filling) First Name Middle Name Last Nar  od States Bankruptcy Court for the: Northern District of Illing  on the country of Financial Affairs for Individual Complete and accurate as possible. If two married people are filling together is needed, attach a separate sheet to this form. On the top of any additional  15 Give Details About Your Marital Status and Where You Live  What is your current marital status?  Married  Not married  During the last 3 years, have you lived anywhere other than where you live to the possible of the places you lived in the last 3 years. Do not include where you lived there  Debtor 1:  Dates Debtor 1 lived there  To  City State Zip Code  Within the last 8 years, did you ever live with a spouse or legal equivalent in a status of the places of legal equivalent in a status of the places of legal equivalent in a status of the places of legal equivalent in a status of the places of legal equivalent in a status of the places of legal equivalent in a status of legal equivalent in a status of the places of legal equivalent in a status of legal e | This information to identify your case:  or 1 Dorris First Name Middle Name Last Name or 2 use, if filling) First Name Middle Name Last Name ad States Bankruptcy Court for the: Northern District of Illinois (State)  in number or 1 Dorris First Name Middle Name Last Name ad States Bankruptcy Court for the: Northern District of Illinois (State)  in number or number | This information to identify your case:  or 1 |

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| Debi   | First Name Middle Na   | Document   | Page 35 of 61   | <b>画金 (車を 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 </b>   | , IVIQIII  |  |  |  |
|--------|--|--|---|--|--|--|--|--|
| Part   | 2: Explain the Sources of Your Inc   |  | Paye 35 01 01   |  |  |  |  |  |
| 4.     | Part 2: Explain the Sources of Your Income  1. Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No  Yes. Fill in the details. |  |   |  |  |  |  |  |
|        | _  | Debtor 1   |   | Debtor 2   |  |  |  |  |
|        |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)            |  |  |  |
|        | From January 1 of current year until the date you filed for bankruptcy:  | Wages, commissions, bonuses, tips Operating a business                               |   | Wages, commissions, bonuses, tips Operating a business |  |  |  |  |
|        | For last calendar year: (January 1 to December 31,   | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> | \$3000.00   | Wages, commissions, bonuses, tips Operating a business |  |  |  |  |
|        | For last calendar year: (January 1 to December 31, 2014 ) YYYY   | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> | \$3000.00   | Wages, commissions, bonuses, tips Operating a business |  |  |  |  |
| l<br>k | Did you receive any other income during this include income regardless of whether that income penefit payments; pensions; rental income; intereand you have income that you received together, a clist each source and the gross income from each income.  No Yes. Fill in the details.  | gambling and lottery winnings.   |   |  |  |  |  |  |
|        | Debtor 1   |  |   | Debtor 2   |  |  |  |  |
|        |  | Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below.                   | Gross income from each source (before deductions and exclusions) |  |  |  |
|        | From January 1 of current year until the date you filed for bankruptcy:  | Social Security Income   | \$0.00  |  |  |  |  |  |

For last calendar year:

For last calendar year: (January 1 to December 31,

(January 1 to December 31,

\$16020.00

16020.00

Social Security Income

Social Security Income

2015 )

YYYY

2014

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Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? ✓ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ✓ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or City State Zip Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code

Other

Doc 1 Debtor 1 Document Page 37 of 61 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment Insider's Name Number Street Citv State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Debtor 1 Dorris Case 16-00205
First Name Doc 1

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

|     | such matters, includ  | filed for bankruptcy, wo   |          |  |                           |           |          | tody modifications, | and contract |
|-----|---|----------------------------|----------|--|---------------------------|-----------|----------|---------------------|--------------|
| ✓ N | lo<br>es. Fill in the details.                                |                            |          |  |                           |           |          |                     |              |
|     |   |                            | Nature o | of the case  | Court or ag               | ency      |          | Status of the ca    | se           |
|     | Case title  |                            |          |  |                           |           |          | Pending             |              |
|     | -   |                            |          |  | Court Name                |           |          | On appeal           |              |
|     | Case number   |                            |          |  | Number Stre               | eet       |          | Concluded           |              |
|     |   |                            |          |  | City                      | State     | Zip Code | -                   |              |
|     | Case title  |                            |          |  |                           |           | •        | Pending             |              |
|     |   |                            |          |  | Court Name                |           |          | On appeal           |              |
|     | Case number   |                            |          |  |                           |           |          | Concluded           |              |
|     |   |                            |          |  | Number Stre               | eet       |          |                     |              |
|     |   |                            |          |  | City                      | State     | Zip Code | =                   |              |
|     | Yes. Fill in the inform  Creditor's Name  Number Street  City | ation below.  State Zip Co | ode      | Explain what happed Property was reproperty was at | ened possessed. reclosed. | r levied  | Date     | Value of t property | he           |
|     |   |                            |          | Describe the prope                                 |                           | l levieu. | Date     | Value of t          | ho           |
|     |   |                            |          | Describe the prope                                 | ri ty                     |           | Date     | property            | ile          |
|     |   |                            |          |  |                           |           |          |                     |              |
|     | Creditor's Name   |                            |          |  |                           |           |          |                     |              |
|     | Number Street   |                            |          | Explain what happe                                 | ened                      |           |          |                     |              |
|     | INUTIDEI STEET  |                            |          | Droportos  | 20000004                  |           |          |                     |              |
|     | City  | State 7:- 0-               |          | Property was re                                    |                           |           |          |                     |              |
|     | City  | State Zip Co               | oue      | Property was for                                   |                           |           |          |                     |              |
|     |   |                            |          |  | ached, seized, o          | r levied. |          |                     |              |
|     |   |                            |          |  | ,,                        |           |          |                     |              |

| Debt |       |   | <u>Ე U1\$ᲡᲮᲡ16 Entered (ᲡᲥᲐᲡᲡᲡᲠ/ᲡᲐᲡᲐ</u><br>cumëntme Page 39 of 61 | 39 Desc                  | <u>wairi</u>            |
|------|-------|---|--|--------------------------|-------------------------|
| 11.  |       |   | creditor, including a bank or financial institution, set of        | f any amounts fr         | om your                 |
|      |       | No<br>Yes. Fill in the details.   |  |                          |                         |
|      |       |   | Describe the property  | Date                     | Value of the property   |
|      |       | Creditor's Name   |  |                          |                         |
|      |       | Number Street   | Last 4 digits of account number: XXXX-                             |                          |                         |
| 12   |       | City State Zip Code   | your property in the possession of an assignee for the             | henefit of credi         | tors a court-appointed  |
|      | recei | ver, a custodian, or another official?  | your property in the possession of all assignee for the            | s beliefft of credi      | tors, a count-appointed |
|      | = .   | No<br>Yes   |  |                          |                         |
| Part |       | List Certain Gifts and Contributions  | wive any sifts with a total value of more than \$500 nor           |                          |                         |
| 13.  | wi.   | No  | give any gifts with a total value of more than \$600 per p         | Jerson:                  |                         |
|      |       | Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person | Describe the gifts   | Dates you gave the gifts | Value                   |
|      |       | Person to Whom You Gave the Gift  |  |                          |                         |
|      |       | Number Street   |  |                          |                         |
|      |       | Number Street  City State Zip Code  |  |                          |                         |
|      |       | Person's relationship to you  |  |                          |                         |
|      |       | Person to Whom You Gave the Gift  |  |                          |                         |
|      |       | Number Street   |  |                          |                         |
|      |       | City State Zip Code  Person's relationship to you   |  |                          |                         |
|      |       | reison's relationship to you  |  |                          |                         |

| Debt | or 1     |  | <u>d 01\$05/16 Entered </u> 01/05/16 /1&3:38:<br>cumentme Page 40 of 61  | :39 Desc                                | <u>Main</u>            |
|------|----------|--|--|---|------------------------|
| 14.  | Wit      |  | give any gifts or contributions with a total value of more   | e than \$600 to an                      | y charity?             |
|      | <b>V</b> | No   |  |   |                        |
|      |          | Yes. Fill in the details for each gift or contribution.      |  |   |                        |
|      |          | Gifts with a total value of more than \$600 per person       | Describe the gifts   | Dates you gave the gifts                | Value                  |
|      |          |  |  |   |                        |
|      |          | Charity's Name   |  |   |                        |
|      |          |  |  |   |                        |
|      |          | Number Street  |  |   |                        |
|      |          | City State Zip Code  |  |   |                        |
| Part | 6:       | List Certain Losses  |  |   |                        |
| 15.  |          | nin 1 year before you filed for bankruptcy or since yobling? | ou filed for bankruptcy, did you lose anything because o   | of theft, fire, othe                    | r disaster, or         |
|      |          | No<br>Yes. Fill in the details.                              |  |   |                        |
|      | ш        | Describe the property you lost and                           | Describe any insurance coverage for the loss   | Date of your                            | Value of property lost |
|      |          | how the loss occurred  | Include the amount that insurance has paid. List pending   | loss                                    |                        |
|      |          |  | insurance claims on line 33 of Schedule A/B: Property.   |   |                        |
|      |          |  |  |   |                        |
| Part | 7:       | List Certain Payments or Transfers                           |  |   |                        |
| 16.  | seek     | ring bankruptcy or preparing a bankruptcy petition?          | anyone else acting on your behalf pay or transfer any processes and counseling agencies for services required in your bankrupton |   | e you consulted about  |
|      |          |  | Description and value of any property transferred  | Date payment<br>or transfer<br>was made | Amount of payment      |
|      |          | Giannola, Daniel   | - 350.00   | 1/4/2016                                | \$350.00               |
|      |          | Person Who Was Paid  |  |   |                        |
|      |          | Number Street  |  |   |                        |
|      |          | -  |  |   |                        |
|      |          | City State Zip Code  |  |   |                        |
|      |          | Email or website address                                     |  |   |                        |
|      |          |  |  |   |                        |
|      |          | Person Who Made the Payment, if Not You                      |  |   |                        |
|      |          | Person Who Was Paid  |  |   |                        |
|      |          | Number Street  |  |   |                        |
|      |          |  |  |   |                        |
|      |          | City State Zip Code  |  |   |                        |
|      |          | Email or website address                                     |  |   |                        |
|      |          | Person Who Made the Payment, if Not You                      |  |   |                        |

| Deb | tor 1         | Dorris Case 16-   | -00205  | Doc 1 Fi                               | iled 01#05/16<br>Document                         | Entered 01 Page 41 of 6 | 4 <b>05/16</b> /148:38<br>51 | : <u>39 Desc</u>                  | Main    |                        |
|-----|---------------|---|---|--|---|-------------------------|------------------------------|-----------------------------------|---------|------------------------|
| 17. | you (         | nin 1 year before you<br>deal with your credit<br>ot include any paymer | ors or to ma                                    | nkruptcy, did you<br>ke payments to y  | ı or anyone else acti<br>your creditors?          | •                       |                              | property to anyor                 | e who   | promised to help       |
|     |               | No<br>Yes. Fill in the details  |   |  |   |                         |                              |                                   |         |                        |
|     |               |   |   |  | Description and                                   | l value of any prop     | erty transferred             | Date payment or transfer was made | Amou    | nt of payment          |
|     |               | Person Who Was Pa   | id  |  | _   |                         |                              |                                   |         |                        |
|     |               | Number Street   |   |  |   |                         |                              |                                   |         |                        |
|     |               | City  | State   | Zip Code                               |   |                         |                              |                                   |         |                        |
| 18. | Include trans | nary course of your   | business or<br>fers and trans<br>eady listed on | financial affairs?<br>fers made as sec | ou sell, trade, or other burity (such as the gran | •                       |                              |                                   | •       |                        |
|     | _             |   |   |  | Description and property transfe                  |                         |                              | property or paymebts paid in exch |         | Date transfer was made |
|     |               | Person Who Was Pa   | id  |  |   |                         |                              |                                   |         |                        |
|     |               | Number Street   |   |  |   |                         |                              |                                   |         |                        |
|     |               | City<br>Person's relationship   | State to you                                    | Zip Code                               | _   |                         |                              |                                   |         |                        |
|     |               | Person Who Was Pa   | id  |  |   |                         |                              |                                   |         |                        |
|     |               | Number Street   |   |  |   |                         |                              |                                   |         |                        |
|     |               | City<br>Person's relationship   | State<br>to you                                 | Zip Code                               |   |                         |                              |                                   |         |                        |
| 19. |               | nin 10 years before y<br>se are often called as                         |   |  | ou transfer any prop                              | erty to a self-settle   | ed trust or similar de       | evice of which yo                 | u are a | beneficiary?           |
|     |               | No<br>Yes. Fill in the details  |   |  |   |                         |                              |                                   |         |                        |
|     | _             |   |   |  | Description an                                    | d value of the prop     | erty transferred             |                                   |         | Date transfer was made |
|     |               | Name of trust   |   |  |   |                         |                              |                                   |         |                        |
|     |               |   |   |  |   |                         |                              |                                   |         | 1                      |

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Debtor 1 Dorris Case 16-00205
First Name Doc 1

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

|    | or tra | in 1 year before you filed for bankruptcy, were<br>insferred?<br>de checking, savings, money market, or other finance<br>eratives, associations, and other financial institution | cial account |                            |                 |                         |   |   |
|----|--------|--|--------------|----------------------------|-----------------|-------------------------|---|---|
|    |        | No<br>Yes. Fill in the details.  |              |                            |                 |                         |   |   |
|    |        |  | Last 4       | 4 digits of account<br>per | Type of instrum | account or<br>ent       | Date account<br>was closed,<br>sold, moved,<br>or transferred | Last balance<br>before closing<br>or transfer |
|    |        | Person Who Was Paid  | — xxxx       | -                          |                 | ecking<br>ings          |   |   |
|    |        | Number Street  |              |                            | Brol            | ney market<br>kerage    |   |   |
|    |        | City State Zip Code  |              |                            | Othe            | er                      |   |   |
|    |        | Person Who Was Paid  | XXXX         | ( <u>-</u>                 | =               | ecking<br>ings          |   |   |
|    |        | Number Street  |              |                            |                 | ney market<br>kerage    |   |   |
|    |        | City State Zip Code  |              |                            | Othe            | er                      |   |   |
|    | valua  | ou now have, or did you have within 1 year befolibles?  No  Yes. Fill in the details.  |              | had access to it?          |                 | Describe the contents   |   | Do you still have it?                         |
|    |        | Name of Financial Institution  | Name         |                            | <del>.</del>    |                         |   | ☐ No  |
|    |        | Number Street  | Number       | Street                     |                 |                         |   | Yes   |
|    |        | City State Zip Code  | City         | State                      | Zip Code        |                         |   |   |
| 2. | Have   | you stored property in a storage unit or place   | other than   | your home within 1         | year before ye  | ou filed for bankruptcy | ?   |   |
|    |        | No<br>Yes. Fill in the details.  |              |                            |                 |                         |   |   |
|    |        |  | Who else     | had access to it?          |                 | Describe the contents   | 3   | Do you still have it?                         |
|    |        | Name of Storage Facility   | Name         |                            |                 |                         |   | □ No  |
|    |        | Number Street  | Number       | Street                     |                 |                         |   | Yes   |
|    |        | City State Zip Code  | City         | State                      | Zip Code        |                         |   |   |

|      |          | 1 list ivalle   |                 | Wildlie Hairie        | Docum             | •                   | ge 43 of 61        |  |                 |
|------|----------|---|-----------------|-----------------------|-------------------|---------------------|--------------------|--|-----------------|
| Part | 9:       | dentify Prope   | rty You Ho      | old or Control        | for Some          | one Else            |                    |  |                 |
| 23.  |          |   | ol any prope    | rty that someone      | e else owns?      | Include any pro     | perty you borro    | wed from, are storing for, or hold in true | st for someone. |
|      | 씜        | No<br>Voc. Fill in the det                                | oilo            |                       |                   |                     |                    |  |                 |
|      | ш        | Yes. Fill in the deta                                     | alis.           |                       | Whore is t        | he property?        |                    | Describe the contents                      | Value           |
|      |          |   |                 |                       | Wilele IS U       | ne property:        |                    | Describe the contents                      | value           |
|      |          | Owner's Name  |                 |                       | Number Str        | reet                |                    |  |                 |
|      |          | Number Street   |                 |                       |                   |                     |                    |  |                 |
|      |          | Number Street   |                 |                       | City              | State               | Zip Code           |  |                 |
|      |          | City  | State           | Zip Code              | _                 |                     |                    |  |                 |
| Part | 10:      | Give Details  | About Env       | ironmental In         | formation         |                     |                    |  |                 |
| Eor  | tho n    | urpose of Part 10, t                                      | the following o | lafinitions apply:    |                   |                     |                    |  |                 |
| FOR  | tne p    | urpose of Part 10, t                                      | the following o | iefinitions apply:    |                   |                     |                    |  |                 |
|      | ha       | nvironmental law maxardous or toxic sucluding statutes or | ubstances, wa   | astes, or material ir | nto the air, land | d, soil, surface wa | ater, groundwater, | nination, releases of or other medium,     |                 |
|      |          | _   | _               | -                     |                   |                     |                    |  |                 |
|      |          | te means any locat<br>used to own, oper                   |                 |                       | •                 | nvironmentai iaw,   | wnetner you now    | own, operate, or utilize it                |                 |
|      |          | azardous material r                                       |                 |                       |                   | as a hazardous w    | raste hazardous si | ubstance                                   |                 |
|      |          | xic substance, haz  | •               | •                     |                   |                     | asic, nazaraous s  | diostal loc,                               |                 |
| Rer  | ort al   | notices, releases,  | and proceedi    | ngs that vou know     | about, regardl    | less of when they   | occurred.          |  |                 |
| ·    |          | , ,   | •               | ,                     | , 0               | ,                   |                    |  |                 |
| 24.  | Has      | any government  | al unit notifie | ed you that you n     | nay be liable     | or potentially lia  | able under or in v | violation of an environmental law?         |                 |
|      | <b>V</b> | No  |                 |                       |                   |                     |                    |  |                 |
|      |          | Yes. Fill in the deta                                     | ails.           |                       |                   |                     |                    |  |                 |
|      |          |   |                 |                       | Governme          | ntal unit           |                    | Environmental law, if you know it          | Date of notice  |
|      |          |   |                 |                       |                   |                     |                    |  |                 |
|      |          | Name of site  |                 |                       | Governmen         | tal unit            |                    |  |                 |
|      |          | Number Street   |                 |                       | Number Sti        | reet                |                    |  |                 |
|      |          | City  | State           | Zip Code              | City              | State               | Zip Code           |  |                 |
|      |          |   |                 |                       |                   |                     |                    |  |                 |
| 25.  | Hav      | e you notified any  | y governmer     | ital unit of any re   | lease of haza     | rdous material      | ?                  |  |                 |
|      | <b>✓</b> | No  |                 |                       |                   |                     |                    |  |                 |
|      |          | Yes. Fill in the deta                                     | ails.           |                       |                   |                     |                    |  |                 |
|      |          |   |                 |                       | Governme          | ntal unit           |                    | Environmental law, if you know it          | Date of notice  |
|      |          | Name of site  |                 |                       | Governmen         | tal unit            |                    |  |                 |
|      |          | Number Street   |                 |                       | Number Sti        | reet                |                    |  |                 |
|      |          |   |                 |                       |                   |                     |                    |  |                 |
|      |          | City  | State           | Zip Code              | City              | State               | Zip Code           |  |                 |

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| Deb  | tor 1    | Dorris Cas       | <u>e 16-0020</u>                            |                       |                             | Entered 01/05                  | 6/16/148:38: <u>39</u> | Desc Main           |                       |
|------|----------|------------------|---|-----------------------|-----------------------------|--------------------------------|------------------------|---------------------|-----------------------|
|      |          | First Name       |   | Middle Name           | Document 1                  | Page 44 of 61                  |                        |                     |                       |
| 26.  | Hav      | e you been a     | party in any jud                            | licial or administrat | tive proceeding under       | r any environmental law        | /? Include settlements | s and orders.       |                       |
|      | <b>✓</b> | No               |   |                       |                             |                                |                        |                     |                       |
|      | Ц        | Yes. Fill in the | details.                                    |                       |                             |                                |                        |                     |                       |
|      |          |                  |   |                       | Court or agency             |                                | Nature of the case     |                     | Status of the<br>case |
|      |          |                  |   |                       |                             |                                |                        |                     |                       |
|      |          | Case title       |   |                       | Court Name                  |                                |                        |                     | Pending               |
|      |          |                  |   |                       | Court Name                  |                                |                        |                     | On appeal             |
|      |          |                  |   |                       | Number Street               |                                |                        |                     | Concluded             |
|      |          | Case numbe       | <u> </u>                                    |                       | Cit. Cta                    | te Zip Code                    |                        |                     |                       |
|      |          | 1                |   |                       | City Sta                    | ie Zip Code                    |                        |                     |                       |
| Part | 11:      | Give Deta        | ils About You                               | ır Business or        | Connections to A            | ny Business                    |                        |                     |                       |
| 27.  | With     | nin 4 vears be   | efore you filed fo                          | or bankruptcy did v   | ou own a business o         | r have any of the follow       | ing connections to ar  | ny husiness?        |                       |
|      |          |                  | -   |                       |                             | -                              | -                      | .,                  |                       |
|      |          |                  |   |                       |                             | vity, either full-time or part | -time                  |                     |                       |
|      |          |                  | er or a iirnited iiat<br>r in a partnership |                       | or limited liability partne | ersnip (LLP)                   |                        |                     |                       |
|      |          |                  |   | naging executive of a | a corporation               |                                |                        |                     |                       |
|      |          |                  |   |                       | securities of a corporat    | ion                            |                        |                     |                       |
|      |          | No. None of th   | ne above applies.                           | Go to Part 12         |                             |                                |                        |                     |                       |
|      | Ħ        |                  |   |                       | below for each busines      | SS.                            |                        |                     |                       |
|      |          |                  | ,   |                       |                             | ature of the business          | Employer Id            | dentification numb  | per Do not            |
|      |          |                  |   |                       |                             |                                | include Soc            | ial Security number | er or ITIN.           |
|      |          | Business Na      | me  |                       |                             |                                | EIN:                   |                     |                       |
|      |          | Dusiness Na      | ilic  |                       |                             |                                |                        |                     |                       |
|      |          | Number S         | treet                                       |                       | Name of accou               | untant or bookkooner           | Dates busin            | ess existed         |                       |
|      |          |                  |   |                       | Marrie or accor             | intant or bookkeeper           |                        | _                   |                       |
|      |          | City             | State                                       | Zip Code              |                             |                                | From                   | To                  | _                     |
|      |          |                  |   |                       |                             |                                |                        |                     |                       |
|      |          |                  |   |                       | Doscribo the n              | ature of the business          | Employer le            | dentification numb  | or Do not             |
|      |          |                  |   |                       | Describe trie ii            | ature or the business          |                        | ial Security number |                       |
|      |          |                  |   |                       |                             |                                | EIN:                   |                     |                       |
|      |          | Business Na      | me  |                       |                             |                                |                        |                     |                       |
|      |          | Number S         | treet                                       |                       |                             |                                | Dates busin            | ess existed         |                       |
|      |          |                  |   |                       | Name of accou               | intant or bookkeeper           |                        |                     |                       |
|      |          | City             | State                                       | Zip Code              |                             |                                | From                   | To                  | <u></u>               |
|      |          |                  |   |                       |                             |                                |                        |                     |                       |
|      |          |                  |   |                       |                             |                                |                        |                     |                       |
|      |          |                  |   |                       | Describe the n              | ature of the business          |                        | dentification numb  |                       |
|      |          |                  |   |                       |                             |                                |                        | iai occurry riambe  | or or iring.          |
|      |          | Business Na      | me  |                       |                             |                                | EIN:                   |                     |                       |
|      |          | N                |   |                       |                             |                                | Dates busin            | ace evicted         |                       |
|      |          | Number S         | treet                                       |                       | Name of accou               | intant or bookkeeper           | Dates busin            | COS CAISICU         |                       |
|      |          | City             | State                                       | Zip Code              |                             |                                | From                   | То                  |                       |
|      |          | J.,              | Sidio                                       | Zip Oode              |                             |                                |                        |                     | <del></del>           |
|      |          |                  |   |                       |                             |                                |                        |                     |                       |
|      |          |                  |   |                       |                             |                                |                        |                     |                       |

| Debto    | r 1      | Dorris Cas<br>First Name          | e 16-00205          | Doc 1          |             | 01\$05\16<br>cumethtme |             | <u>red</u> <b>©1√05/16</b> /1√8<br>45 of 61                                  | 36: <u>39</u>  | Desc Main                            |              |
|----------|----------|-----------------------------------|---------------------|----------------|-------------|------------------------|-------------|--|----------------|--------------------------------------|--------------|
|          |          | nin 2 years be<br>litors, or othe | •                   | oankruptcy, di |             |                        |             | o anyone about your b  | usiness? Inc   | clude all financial i                | nstitutions, |
| <u>[</u> | <u> </u> | No<br>Yes. Fill in the            | e details below.    |                |             |                        |             |  |                |                                      |              |
| Ī        |          |                                   |                     |                |             | Date issued            |             |  |                |                                      |              |
|          |          | Name                              |                     |                |             | MM/DD/YYYY             |             |  |                |                                      |              |
|          |          | Number S                          | Street              |                |             |                        |             |  |                |                                      |              |
|          |          | City                              | State               | Zip Cod        | de          |                        |             |  |                |                                      |              |
| Part 1   | 2:       | Sign Belo                         | ow .                |                |             |                        |             |  |                |                                      |              |
| an       | nd c     | orrect. I und                     | erstand that makin  | g a false stat | ement, co   | ncealing prope         | erty, or ob | , and I declare under per<br>taining money or propers, or both. 18 U.S.C. §§ | erty by fraud  | in connection wit                    |              |
|          |          | 3                                 | Signature of Debtor | 1              |             |                        |             | Signature of Debto   | r 2            |                                      | _            |
|          |          | ſ                                 | Date 1/6/2016       |                |             |                        |             | Date   |                |                                      |              |
| Di       | id y     | ou attach ad                      | ditional pages to Y | our Statemer   | nt of Finar | ncial Affairs for      | · Individu  | als Filing for Bankrupto   | cy (Official F | orm 107)?                            |              |
| <b>✓</b> | 1        | No                                |                     |                |             |                        |             |  |                |                                      |              |
|          | Y        | ⁄es                               |                     |                |             |                        |             |  |                |                                      |              |
| Di       | id yo    | ou pay or ag                      | ree to pay someon   | e who is not a | an attorne  | y to help you fi       | II out ban  | kruptcy forms?   |                |                                      |              |
| <b>✓</b> | <u> </u> | No                                |                     |                |             |                        |             |  |                |                                      |              |
|          | Y        | ∕es. Name of p                    | person              |                |             |                        |             | Attach the Bankru<br>Declaration, and S                                      |                | Preparer's Notice, ficial Form 119). |              |

# **UNITED STATES BANKRUPTCY COURT**

# **Northern District of Illinois**

| re | Dorris Steele  |  | Case No.                             |                                |
|----|--|--|--------------------------------------|--------------------------------|
|    | Debtor   |  |                                      | (If known)                     |
|    |  |  | Chapter                              | Chapter 13                     |
|    |  |  |                                      |                                |
|    | DISCLOSURE OF  | COMPENSATION OF                            | ATTORNEY FOR D                       | EBTOR                          |
|    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. year before the filing of the petition in bankruptcy, o in connection w ith the bankruptcy case is as follows: | r agreed to be paid to me, for services re |                                      |                                |
|    | For legal services, I have agreed to accept  |  |                                      | \$4,000.0                      |
|    | Prior to the filing of this statement I have received  |  |                                      | \$350.00                       |
|    | Balance Due  |  |                                      | \$3,650.00                     |
| 2. | The source of the compensation paid to me was:  Debtor   | Other (specify)                            |                                      |                                |
| 3. | The source of the compensation paid to me is:  Debtor  | Other (specify)                            |                                      |                                |
| 4. | I have not agreed to share the above-disclose members and associates of my law firm.   | d compensation with any other person u     | inless they are                      |                                |
|    | I have agreed to share the above-disclosed or members or associates of my law firm. A copy the people sharing in the compensation, is att                        | of the agreement, together with a list of  |                                      |                                |
| 5. | In return for the above-disclosed fee, I have agree a. Analysis of the debtor's financial situation  |  |                                      | n in bankruptcy;               |
|    | b. Preparation and filing of any petition, sche  | dules, statements of affairs and plan wh   | nich may be required;                |                                |
|    | c. Representation of the debtor at the meeti   | ng of creditors and confirmation hearing   | , and any adjourned hearings there   | eof;                           |
|    | d. Representation of the debtor in adversary   | proceedings and other contested bankr      | uptcy matters;                       |                                |
| 6. | By agreement with the debtor(s), the above-disclos   | sed fee does not include the following se  | ervices:                             |                                |
|    |  | CERTIFICATION                              |                                      |                                |
|    | certify that the foregoing is a complete statement of edings.  | any agreement or arrangement for payr      | ment to me for representation of the | e debtor(s) in this bankruptcy |
|    | 1/6/2016   |  | /s/ Daniel Giannola                  |                                |
|    | Date   |  | Signature of Attorney                |                                |
|    |  |  | Semrad Law Firm                      |                                |
|    |  |  | Name of law firm                     | <del></del>                    |

# UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankrupt cy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

# 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

# Chapter 7 : Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny

your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### Chapter 13 : Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

# Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/forms/hotice-individual-consumer-debtor">http://www.uscourts.gov/forms/hotice-individual-consumer-debtor</a>.

# Case 16-00205 Doc 1 Filed 01/05/16 Entered 01/05/16 18:38:39 Desc Main UNITED STATES BANKBURG OF COURT Northern District of Illinois

| In re: | Steele, Dorris                           | Case No.   |                              |  |  |  |  |  |  |  |
|--------|--|--|------------------------------|--|--|--|--|--|--|--|
| _      | Debtor(s)                                |  |                              |  |  |  |  |  |  |  |
|        |  | Chapter. Ch  | apter13                      |  |  |  |  |  |  |  |
|        | VERIFICATION OF CREDITOR MATRIX          |  |                              |  |  |  |  |  |  |  |
|        | The above named Debtors hereby verify th | at the attached list of creditors is true and correct to | the best of their knowledge. |  |  |  |  |  |  |  |
|        |  |  |                              |  |  |  |  |  |  |  |
| _      |  |  |                              |  |  |  |  |  |  |  |
| Date:  | 1/6/2016                                 | /s/ Steele, Dorris                                       |                              |  |  |  |  |  |  |  |
|        |  | Steele Dorris  |                              |  |  |  |  |  |  |  |

Signature of Debtor

NISSAN MOT 67882 46406205 Doc 1 Filed 01/05/16 Entered 01/05/16 18:38:39 Desc Main P.O. Box 685003 Franklin, 37068 Page 50 of 61

PEOPLES ENGY 200 EAST RANDOLPH CHICAGO, 60601

COMENITY BANK/CARSONS 1314 PINELOG ROAD AIKEN, 29803

City of Chicago Parking 121 N. LaSalle St # 107A Chicago, 60602

Internal Revenue Service P.O. Box 7346 Philadelphia, 19101

| Debtor 1 Dorris Case 10-  | Middle Name   | Breedy TO EILEIEU GEFUSYPEO  | "10":00.39 Desc Main   |  |  |  |
|---|---|--|--|--|--|--|
|   | Middle Name DOCUR<br>lestions for Reporting Purpose   | nent Page 51 of 61   |  |  |  |  |
| 16. What kind of debts<br>do you have?  | as "incurred by an individed in No. Go to line 16b.  Yes. Go to line 17.  16.b Are your debts primarily obtain money for a busined investment.  No. Go to line 16c.  Yes. Go to line 17.  | y consumer debts? Consumer debtual primarily for a personal, family by business debts? Business debtuals or investment or through the open owe that are not consumer debtuals. | s are debts that you incurred to peration of the business or   |  |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be availa  No. Yes.  |  | ty is excluded and administrative expenses are   |  |  |  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | 25,001-50,000 50,001-100,000 More than 100,000   |  |  |  |
| 19. How much do you estimate your assets to be worth?   | ✓ \$0-\$50,000  ☐ \$50,001-\$100,000  ☐ \$100,001-\$500,000  ☐ \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion |  |  |  |
| 20. How much do you<br>estimate your<br>liabilities to be?  |   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 millior  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion |  |  |  |
| Part 7: Sign Below  |   |  |  |  |  |  |
| For you   | and correct.  If I have chosen to file under C  | hapter 7, I am aware that I may pr   | oceed, if eligible, under Chapter 7, 11,12, able under each chapter, and I choose to                         |  |  |  |
|   | proceed under Chapter 7.  |  |  |  |  |  |
|   | fill out this document, I have ob   | otained and read the notice require  |  |  |  |  |
|   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |  |  |  |
|   | /s/ Dorris Steele Signature of Debtor 1   | is Stelle X Signat   | ure of Debtor 2  |  |  |  |
|   | Executed on 1/4/2016 MM / DD  |  | uted on  |  |  |  |

|                        | Caso 16-0020                                  | )5. Doc 1. Filed             | 01/05/16 Enter                           | od 01/05/16 18:38:39                                  | Desc Main                          |
|------------------------|---|------------------------------|--|---|------------------------------------|
| Fill in this inform    | nation to identify your cas                   |                              | аттет гаде с                             |   | Desc Main                          |
| Debtor 1               | Dorris  |                              | Steele                                   |   |                                    |
|                        | First Name                                    | Middle Name                  | Last Name                                |   |                                    |
| Debtor 2               |   |                              |  |   |                                    |
| (Spouse, if filing     | ) First Name                                  | Middle Name                  | Last Name                                |   |                                    |
| United States B        | ankruptcy Court for the:                      | Northern                     | District of Illinois                     |   |                                    |
| Casa numbaa            |   |                              | (State)                                  |   |                                    |
| Case number (If known) | <del></del>                                   |                              |  | <del></del>   |                                    |
| Official F             | Form 106De                                    | С                            |  |   | Check if this is an amended filing |
| Declarat               | ion About a                                   | _<br>n Individual De         | ebtor's Sched                            | lules   | 12/15                              |
| If two married n       | eonle are filing togethe                      | er, both are equally respons | ible for supplying correc                | et information.                                       |                                    |
| Did you pa             |   | eone who is NOT an attorne   |  |   | tion and                           |
| LJ Yes. N              | lame of person                                |                              | Attach Bankrupic)<br>Signature (Official | y Petition Preparer's Notice, Declara<br>I Form 119). | acon, and                          |
|                        | re true and correct.<br>Steele <i>Llassis</i> | that I have read the summ    | ×  | vith this declaration and ure of Debtor 2             |                                    |
| Date 1/4/20<br>MM/     | 016<br>DD/YYYY                                |                              | Date                                     | MM/DD/YYYY  |                                    |

| Debtor 1               | Dorris Case 16-00205 First Name Mic  | ddle Name                                 |  | Entered 01/05/16 18:38:39 Desc Main   |    |
|------------------------|--|---|--|---|----|
| . 1454                 |  |   | ocument P                                      | $age\ 53^{\circ}of\ 61$ nent to anyone about your business? Include all financial institution   | s. |
|                        | nin 2 years before you filed for ban<br>ditors, or other parties.  | ikrupicy, ala yoa ç                       | give a ililariciai statei                      | nent to anyone about your business. Include an immediation  | -, |
| [7]                    | No   |   |  |   |    |
| H                      | Yes. Fill in the details below.  |   |  |   |    |
| Bressell               |  |   | Date issued                                    |   |    |
|                        | -  |   |  |   |    |
|                        | Name   |   | MM/DD/YYYY                                     |   |    |
|                        | Number Street  |   | _  |   |    |
|                        |  |   |  |   |    |
|                        | City State   | Zip Code                                  | <del></del>                                    |   |    |
|                        | I  |   |  |   |    |
| l hav                  | Sign Below   | ent of Financial A                        | <i>Iffairs</i> and any attach                  | ments, and I declare under penalty of perjury that the answers are tru  | ie |
| I hav                  | re read the answers on this Stateme<br>correct. I understand that making a<br>cruptcy case can result in fines up to   | n false statement,<br>o \$250,000, or imp | concealing property,<br>prisonment for up to 2 | ments, and I declare under penalty of perjury that the answers are true or obtaining money or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.           | le |
| I hav                  | re read the answers on this Stateme<br>correct. I understand that making a<br>cruptcy case can result in fines up to   | ı false statement,                        | concealing property,<br>prisonment for up to 2 | or obtaining money or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2  | e  |
| I hav                  | re read the answers on this Statemer correct. I understand that making a cruptcy case can result in fines up to   /s/ Dorris Steele Signature of Debtor 1  | n false statement,<br>o \$250,000, or imp | concealing property,<br>prisonment for up to 2 | or obtaining money or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   | le |
| I hav<br>and d<br>bank | re read the answers on this Statemer correct. I understand that making a cruptcy case can result in fines up to some statement of the second statement of the second statement of the second se | a false statement,<br>o \$250,000, or imp | concealing property, prisonment for up to 2    | or obtaining money or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2  Date  | e  |
| I hav<br>and d<br>bank | re read the answers on this Statemer correct. I understand that making a cruptcy case can result in fines up to some statement of the second statement of the second statement of the second se | a false statement,<br>o \$250,000, or imp | concealing property, prisonment for up to 2    | or obtaining money or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2  | e  |
| I hav<br>and o<br>bank | re read the answers on this Statemer correct. I understand that making a cruptcy case can result in fines up to some statement of the second statement of the second statement of the second se | a false statement,<br>o \$250,000, or imp | concealing property, prisonment for up to 2    | or obtaining money or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2  Date  | ie |
| I hav<br>and o<br>bank | re read the answers on this Statemer correct. I understand that making a cruptcy case can result in fines up to signature of Debtor 1  Date 1/4/2016  you attach additional pages to Your  | a false statement,<br>o \$250,000, or imp | concealing property, prisonment for up to 2    | or obtaining money or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2  Date  | ie |
| I hav and obank        | re read the answers on this Statemer correct. I understand that making a cruptcy case can result in fines up to   /s/ Dorris Steele Signature of Debtor 1  Date 1/4/2016  you attach additional pages to Your  | a false statement, to \$250,000, or imp   | concealing property, prisonment for up to 2    | or obtaining money or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2 Date  lividuals Filing for Bankruptcy (Official Form 107)? | ie |
| I hav and debank       | re read the answers on this Statemer correct. I understand that making a cruptcy case can result in fines up to signature of Debtor 1  Date 1/4/2016  You attach additional pages to Your No Yes You pay or agree to pay someone we  | a false statement, to \$250,000, or imp   | concealing property, prisonment for up to 2    | or obtaining money or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2 Date  lividuals Filing for Bankruptcy (Official Form 107)? | ie |
| Did y                  | re read the answers on this Statemer correct. I understand that making a cruptcy case can result in fines up to signature of Debtor 1  Date 1/4/2016  You attach additional pages to Your No   | a false statement, to \$250,000, or imp   | concealing property, prisonment for up to 2    | or obtaining money or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2 Date  lividuals Filing for Bankruptcy (Official Form 107)? | ie |

# Case 16-00205 Doc 1 Filed 01/05/16 Entered 01/05/16 18:38:39 Desc Main Document Page 54 of 61 Northern District of Illinois

| In re: | Steele, Dorris                            | Case No  |  |  |  |  |
|--------|---|--|--|--|--|--|
|        | Debtor(s)                                 |  |  |  |  |  |
|        |   | Chapter. Chapter13   |  |  |  |  |
|        | VERIFICATION OF CREDITOR MATRIX           |  |  |  |  |  |
|        | The above named Debtors hereby verify the | at the attached list of creditors is true and correct to the best of their knowled |  |  |  |  |
|        |   | $\epsilon \alpha$  |  |  |  |  |
| Date:  | 1/4/2016                                  | /s/ Steele, Dorris Darris Steele   |  |  |  |  |

Signature of Debtor

| Debi     | First Name ase 10-00203 Michigan Filed 01/00/010 Effected 01/05/10 18.38.39 Desc Mail   |             |
|----------|---|-------------|
| 16.      | Document Page 55 of 61  Calculate the median family income that applies to you. Follow these steps:   |             |
|          | 16a. Fill in the state in which you live.   |             |
|          | 16b. Fill in the number of people in your household.   1  |             |
|          | 16c. Fill in the median family income for your state and size of household  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.                                      | \$49,682.00 |
| 17.      | How do the lines compare?   |             |
|          | 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2).   |             |
|          | 17b. q Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. |             |
| Part     | 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)   |             |
| 18.      | Copy your total average monthly income from line 11.  | \$1,585.00  |
| 19.      | Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.   |             |
|          | 19a. If the marital adjustment does not apply, fill in 0 on line 19a.   | -\$0.00     |
|          | 19b. Subtract line 19a from line 18.  | \$1,585.00  |
| 20.      | Calculate your current monthly income for the year. Follow these steps:   |             |
|          | 20a. Copy line 19b.   | \$1,585.00  |
|          | Multiply by 12 (the number of months in a year).  | x 12        |
|          | 20b. The result is your current monthly income for the year for this part of the form.  | \$19,020.00 |
|          | 20c. Copy the median family income for your state and size of household from line 16c.  | \$49,682.00 |
| 21.      | How do the lines compare?   |             |
|          | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  |             |
|          | Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4.  |             |
| Part     | 4: Sign Below   |             |
|          | By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  |             |
|          | Signature of Debtor 1  Signature of Debtor 2  |             |
|          | Signature of Debtor 1   |             |
|          | Date         1/4/2016         Date           MM/DD/YYYY         MM/DD/YYYY  |             |
|          | If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.   |             |
| morro or |   |             |

page 3

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

# A. BEFORE THE CASE IS FILED

# THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

# THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

# B. AFTER THE CASE IS FILED

# THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

# THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

# D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

# E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

# F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 350.00 toward the flat fee, leaving a balance due of \$ 3650.00 ; and \$ 72.00 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 1/4/2016           |                            |
|--------------------------|----------------------------|
| Signed:<br>Darris Steele |                            |
| Dorris Steele            |                            |
| Debtor(s)                | Attorney for the Debtor(s) |

Do not sign this agreement if the amounts are blank.